Department of Justice
Canada

Ministère de la Justice
Canada

RESEARCH AND
DEVELOPMENT
DIRECTORATE

SOUS-DIRECTION DE
LA RECHERCHE ET DU
DÉVELOPPEMENT

POLICY, PROGRAMS
AND RESEARCH
SECTOR

SECTEUR DE LA POLITIQUE,
DES PROGRAMMES ET DE LA
RECHERCHE

WORKING DOCUMENT

TREATMENT PROGRAMS FOR MEN WHO BATTER: A REVIEW OF THE EVIDENCE OF THEIR SUCCESS

Nanci Burns M.S.W.
Colin Meredith Ph.D.
Chantal Paquette
Abt Associates of Canada

July 1991

WD1991-10a

The present study was funded by the Research Section, Department of Justice Canada. The views expressed herein are solely those of the authors and do not necessarily represent the views of the Department.

92-05950/

TABLE OF CONTENTS

1.0 INTRODUCTION 1

1.1 Historical Context of Wife Assault 1
1.2 Prevalence of Wife Assault 2
1.3 Theories of Wife Assault 3
1.4 Development of the Battered Women's Movement 4
1.5 Related Initiatives 4
1.6 Emergence of Treatment Groups for Men who Batter 6

2.0 THE EVALUATION RESEARCH LITERATURE ON THE EFFECTIVENESS OF BATTERERS' TREATMENT GROUPS 9

2.1 Description of the Literature 12

2.2 Discussion 44
2.2.1 Methodological Issues 45
2.2.3 Client Characteristics 49
2.2.4 Partner Issues 52

3.0 CONCLUSION 54

BIBLIOGRAPHY 60

1.0 INTRODUCTION

The purpose of this report is to review and discuss the existing evaluation research literature on the effectiveness of treatment groups for men who batter their women partners. The literature examined for this report was obtained through a process of both library work and contacts with established researchers in this field. While most of the published work in the area of batterers' treatment effectiveness came from the United States, Canadian studies were also included as available.

As will be shown later in this report, the field of batterers' treatment evaluation is in its infancy, with virtually no research published prior to 1985. As a result, many of its conclusions are tentative, and its methodologies are evolving.

The remainder of this chapter presents a brief discussion of the context of the issue of batterers' treatment effectiveness. The more detailed examination of the research literature follows in Chapter 2.0. The report concludes in Chapter III with a summary and discussion of what is, and is not currently known about the effectiveness of batterers' treatment programs. Included in this discussion is an agenda for future research in this area.

1.1 Historical Context of Wife Assault

In examining the role of women historically, it becomes evident that wife assault has been a common practice for many centuries. Rebecca and Emerson Dobash (1979), two noted Scottish researchers, point out that prior to the late 19th century, it was considered not only acceptable, but also necessary to punish a wife through the use of physical force.

The first known written law dates back to about 2500 B.C. This law proclaimed that the name of any woman who verbally abused her husband was to be engraved on a brick which was then to be used to bash out her teeth. The attitudes condoning such practices continued on into the Middle Ages when witch hunts in Europe included burning women at the stake for nagging, or talking back to their husbands. The Middle Ages brought more of the same type of legislation and, in fact, wife assault was encouraged by the Christian, Jewish and Muslim religions. The Renaissance and eighteenth and nineteenth centuries witnessed the passage of more laws attesting to the subservience of women and the right of the man to abuse his wife. Napoleon, for instance, believed that women must be treated as "lifelong, irresponsible minors" (MacLeod, 1980).

It has only been in the last hundred years that laws permitting, or encouraging, wife assault have been repealed. The law that is probably most

often quoted by professionals in the field comes from 18th century Britain. This law stated that husbands could hit their wives, children, or apprentices as long as they used an instrument no broader than their thumb. Thus the "rule of thumb" justified a man's right to abuse "his property" as long as the action was seen as reasonable. Although this law is no longer in effect, the message continues to permeate attitudes today. Deborah Sinclair points out in *Understanding Wife Assault*, that it wasn't until 1968 that the Divorce Act made cruelty grounds for divorce in Canada.

1.2 Prevalence of Wife Assault

Statistics taken from the Wife Abuse discussion paper, written for the 1989 National Forum on Family Violence, provide several estimates of the prevalence of wife abuse:

- Linda MacLeod in a 1985 study, estimates that one million women in Canada were battered by their husbands or live-in partners in 1985.

- The All-Alberta Study on Wife Assault, conducted by Les Kennedy at the University of Alberta in 1987 found the rate of husband to wife violence was 11.2 per 100 couples. This rate, like Ms. MacLeod's rates, included both psychological and physical violence.

- Another study conducted by Dr. Eugene Lupri at the University of Calgary, found that in 1986 one man in ten committed at least one serious offense against his female partner which would be considered a chargeable assault if it occurred outside the home.

These numbers, and the severe ramifications of not addressing the problem are confirmed by the following homicide statistics:

- In 1987, 15 per cent of all homicides involved husbands' killing their wives (Canadian Centre for Justice Statistics, Homicide Data Project, 1987).

- Wife battering is the cause of 60 per cent of all female homicides in Canada. (MacLeod, 1989)

These statistics, and others, rely primarily on cases of physical assault, although it is encouraging to see that MacLeod and Kennedy did include psychological abuse in their definition. Numerous writers have now argued that wife assault (even the term implies a physical act) needs to encompass a broader definition to include any behaviour that is used to maintain power and control over an intimate partner. Feminists argue that examining the act, rather than the rationale behind the actions, masks the impact on the victim and its application to others around them.

1.3 Theories of Wife Assault

Traditional theories of deviant behaviour are inappropriate for victims or perpetrators of family violence. With increased recognition of violence within the family, has come a need to look beyond psychopathology and the medical model, both of which label the victim or offender as "sick". No research or scientific data have supported the notion that victims of family violence, or their perpetrators, are any more psychologically sick than the general population. Several other theories however, have helped give a clearer perspective on why such violence is prevalent within the family:

Social Learning Theory. The basic principal here is that exposure to, or experience with violence, leads to violent behaviour or the expectation of violence as a way of communication. In fact, the belief that witnessing or experiencing violence as a child leads to violent behaviour as an adult male, or as a victim for women, is one of the strongest beliefs in the family violence field. (Although this can be a predictor one must be cautious in referring to this as a determinant since perhaps only 50 per cent of batterers witnessed or experienced violence in their families while growing up.) Lenore Walker took from this theory however and tried to explain why women do not leave battering relationships by exploring the concept of "learned helplessness". This points out how women are conditioned over time to not respond to battering since previous attempts to escape or change the situation have failed. For some (not all) battered women, they reach a stage where they give up. This helps explain at times, why some women stay when it appears to others that they could escape.

Power-Based (Feminist) Theory. Here the analysis goes beyond the individual and defines the problem as societal rather than individual. We live in a society which perpetuates the value of male superiority over women. Men and women have separate and unequal roles. The existing power structure supports means of maintaining these differences and elements of control. The core of dealing with wife assault is the issue of female inequality in our society.

Social Control Theory. This theory has been most strongly supported by Richard Gelles and Murray Straus (1984). It is based on the principal of reward and punishment and states that men batter women because they can get away with it. For instance, most victims can't or won't hit back. Secondly, there are few legal repercussions for their actions in most situations. The privacy of the family allows this to go on undetected. Thus, to end family violence would mean a greater reliance on the criminal justice system to enforce penalties for acts of violence.

1.4 Development of the Battered Women's Movement

In spite of the fact that wife assault has not necessarily increased in frequency, during the last 15 years wife assault has been the object of intensive media attention and government policy. The feminist movement brought challenges during this time frame concerning tra litional roles for women and how they perpetuated women's inequality. These arguments brought additional concerns about the amount of control exerted by men over women in all spheres of their lives. Nonetheless, the most blatant examples of this control were the victims of battering within the home.

Two transition houses opened in Canada (in British Columbia and Alberta) in 1972. Since then, their numbers have grown steadily all across the country. In fact, in the past 5 years the number of transition homes has tripled. There are now close to 300 shelters available to battered women in Canada. These shelters, although primarily responsible for offering alternatives to women in abusive relationships, have also triggered the grass root momentum for drawing attention to the issue of wife assault (MacLeod, 1980 and 1987). Coupled with the work of the feminist movement, shelter staff and volunteers have been continuously outspoken in their concern for battered women. This grass root social movement, linked with a parallel growth of the feminist movement, brought strength from newly developed agencies and programs for women that allowed for more extensive mobilization against such abuse than ever before. Traditional agencies also took on the cause, as groups such as churches, YMCA's, employment programmes, United Ways, housing programs, and government departments started recognizing the importance of the problem.

1.5 Related Initiatives

The growth in services for battered women has been aided in several additional ways as well, notably through legal changes, development of treatment programs for men who batter, and sensitivity to abusive families by police and

mental health professionals. In some instances, these professionals have combined their skills to provide more comprehensive services. Two such examples are: Domestic Response Teams, and court room alternative methods for dispute resolution (ADR).

Domestic Response Teams. These teams, usually housed in police departments, rely on the assistance of other disciplines to investigate domestic disputes. One program operating out of the London Police Department for instance, relies on a team of five professionals, including a nurse, a legal expert, a feminist counsellor, a clinical psychologist and a social worker. As London found out, with this type of team in place, police referrals to shelters and other services for wife assault increase dramatically (MacLeod, 1980).

Alternative Methods of Dispute Resolution. Two court-based services relevant to battered women are mediation and diversion. Mediation -- Interest in mediation for domestic disputes was heightened by a hope that this process would be an answer to the sensed antagonism and win-lose atmosphere engendered by the court system. Ironically, strong impetus for the use of mediation initially came from feminist legal theorists, who valued its focus on harmony, continuity and agreement. In recent years however, consistent criticism of family mediation has come from feminist circles. At the core is a concern of how ill suited the model of mediation may be for traditional marriages. Mediation bypasses the traditional pattern of individual legal representation for each party, and the settling of cases in a public courtroom. This contributes to the feminist's concern that the inequality of bargaining power in traditional marriages will be exacerbated in this private setting and may result in a settlement that benefits the husband to the detriment of his wife.

How often this is a problem is unclear. However, given the cultural milieu we live in, many people unquestioningly accept that men have a right to more economic and political power in our society. As a consequence, this societal value orientation often results in outcomes that favour the male at the expense of the female. In actuality, "nonjudgemental counselling" is often a misnomer for counselling that reflects societal values. In mediation then, abused women are often not identified as such and their needs go unidentified and unmet. This is not always the case, but the skill of the mediator becomes paramount in the diagnosis of such cases. Given the lack of mandated education or training for mediators, these professionals may or may not have the skills needed to detect and treat these cases appropriately.

In sum, although feminists have in the past acknowledged the potential for the family mediation framework to benefit women, thus far its implementation has been met with criticism and concern.

Diversion -- As more cases of battering appeared in the criminal justice system, judges felt reluctant to apply traditional sentencing options, arguing that even the partners of these men did not seek punishment but only a means of ending the violence. As a consequence, and as more male treatment groups developed in response to the increase in awareness and services for women, the court system identified these groups as an alternative to sentencing. As Don Dutton points out:

> The hopes for such groups were twofold. First the groups were seen as a means of improving protection for women who opted to remain in a relationship with a husband who would not seek treatment voluntarily. Second, by providing a viable sentencing option for judges, treatment groups could create a salutory 'ripple effect' throughout the criminal justice system by making judges more willing to convict, prosecutors more willing to proceed with cases (where they perceived their chances of gaining a conviction as having improved), and police more willing to proceed with charges that they perceived as being actionable by prosecutors. Clearly, both of these hopes were based on the expectation that treatment groups would be effective. (pp. 163-4)

Mandatory Charging Policy - The reliance on groups for batterers was also accelerated by the establishment of a national charging policy in 1982. Since that time, police and crown attorneys have been encouraged to conduct rigorous investigations and prosecution in cases of wife assault. Although there is considerable variation across jurisdictions in the application of this mandate, charges of wife assault have increased considerably since then.

1.6 Emergence of Treatment Groups for Men who Batter

Mounting pressure on the criminal justice system to respond more appropriately to cases of wife assault and to seek alternatives to punitive measures, was coupled with a growing acceptance in the criminal justice system that men who batter are responsible for their actions. Men's programs acknowledged the need to prevent further abusive behaviour by men. According to MacLeod (1987) this commitment was based on a number of observations:

1) Most batterers will not change their violent behaviour without some outside pressure and guidance;

2) Violence is accepted in our society, except in its most extreme forms;

3) Violence is learned behaviour;

4) Abuse is one tool men use to ensure that women do what men want them to do, i.e., men batter to gain control.

(MacLeod, pp.93-94)

Since their introduction in the early 1980's, the number of treatment groups for men who batter in the United States and Canada has grown into the hundreds. The fundamental principle underlying the use of a group format is based on the belief in the importance of breaking the men's social isolation, and of encouraging them to help one another. In general terms, three broad treatment models have come to predominate across treatment programs. These are referred to as: anger management, psycho-educational and self-help.

In terms of the specific techniques employed, Eisikovits and Edleson (1989) identified several clusters in widespread use. Grouped according to the treatment model with which each is most often associated, they are:

- Anger Management:
  - self-monitoring using anger logs or diaries to record difficult or abusive situations and to identify the antecedents of abuse
  - developing safety plans for use in potentially abusive situations
- Psycho-Educational:
  - education about the cycle of violence, and its social context
  - exploring gender roles, and working toward greater equality between men and women
  - training in nonviolent conflict resolution skills
- Self-Help:
  - group processes that encourage consciousness-raising and self-disclosure, offer emotional support, and discourage denial of clients' use of violence through confrontation by group members.

While most groups utilize one or more of these techniques, it is not clear from the research literature which (if any) are most effective. The fact that groups rely to varying degrees on more than one of these techniques renders the task of identifying the most effective individual technique impossible given the research designs used to date.

Although counselling for men speaks directly to the needs expressed by battered women to find ways to end the violence, concerns about male treatment programs have also developed. As research has documented, women often assume treatment works and make the choice to stay with their partner if they will agree to attend treatment. Treatment to them is synonomous with termination of the violence (Gondolf, 1988; Burns and Meredith, 1990). A second concern is the allocation of limited resources in this area may in fact take money away from programs helping victims. Third, by relying on counselling groups as the major program available to help male batterers, it diverts resources and planning away from other potential ways of handling this problem, e.g., removing the man from the home and placing him in a residential facility. Finally some see counselling as an "easy out" for men who may otherwise have been required to spend time in jail. Do these programs then, reinforce the societal perspective that abuse within the family should not be taken as seriously as extra-familial abuse? (MacLeod, 1987).

The next chapter of this report describes and summarizes the literature on the effectiveness of group treatment for batterers.

2.0 THE EVALUATION RESEARCH LITERATURE ON THE EFFECTIVENESS OF BATTERERS' TREATMENT GROUPS

This chapter describes the existing research literature on the effectiveness of batterers' treatment groups. The studies covered herein were identified through an extensive literature search involving both library work, and contacts with prominent researchers in the field. As will be revealed in this chapter, the total number of researchers who have published on the subject of batterers' treatment effectiveness is small, and the reports are all relatively recent (since 1985).

Before proceeding to our discussion of the literature, it will be important to define the coverage of this document. Most importantly, the literature examined for this report is concerned with group treatment for batterers. Specifically excluded were studies of individual counselling and of couples counselling. Readers interested in the very modest bodies of research on the effectiveness of these treatment modalities as applied to batterers are referred to the recent review article published by Eisikovits and Edleson (1989). Unfortunately, the few studies identified by Eisikovits and Edleson were so methodologically weak as to render them inconclusive in and of themselves. They clearly were not sufficiently sound to allow for comparisons with the effectiveness data had on group treatment.

Methodological concerns aside, there is also a philosophical reason for not incorporating the couples data into this review of group treatment effectiveness. At issue is the assumption underlying couples treatment that the abuse is the couple's problem to solve (rather than the man's) and that a goal of treatment is to salvage or preserve the relationship (as opposed to terminating the abusive behaviour). Group treatment of batterers is intended to reduce or eliminate the abusive behaviour of the men, regardless of whether they are currently in a relationship. It is not concerned with keeping the couple together. In fact, a potential side effect of treatment may be to alter the woman's perspective and expectations of the relationship (and of her partner) such that the relationship is terminated.

It was also our intention, before we became familiar with the literature, to limit the coverage of this report to studies which met certain minimum standards in terms of their methodology. For example, we planned to exclude studies wherein the reported sample sizes were too small to support statistical analysis. We found, however, that the total number of evaluations was so small (16) that we decided to include them all. In fact, one of the more interesting aspects of this literature is the methodological evolution one observes in the studies over time. Later studies have clearly benefitted, in terms of their methodological rigour, from their predecessors.

A number of published articles have examined the issue of the methodological challenges faced by researchers attempting to evaluate the effectiveness of batterers' group treatment programs (Eisikovits and Edleson, 1989; Gondolf, 1987a, 1987b; Rosenbaum 1988; Saunders 1989; Tolman and Bennett, 1990). These discussions touch on a number of recurring themes, which can be summarized under the following headings.

- Attrition from treatment. Most evaluations calculate their success rate in terms of program completers, meaning those who stuck with treatment from beginning to end. However, it is not uncommon to have one-third of those who start treatment drop out before the conclusion of the program. The problem this creates in assessing the effectiveness of the treatment is that it is impossible to know whether it is only those ready to improve anyway who completed treatment, while those who would not have shown the desired improvement dropped out.

- Lack of a comparison group. Most evaluations look only at the treatment group, and not at any untreated control or comparison group. As a result, it is impossible to know how many of those treated would have improved even without treatment, perhaps due to being charged criminally, or to the effects of family or peer pressure.

- Breadth of measures. Most evaluations have focussed on violent behaviour, and have not looked beyond physical violence to other forms of abusive or controlling behaviour. As a result, it has not been possible in past evaluations to know whether reductions in physical violence have been accompanied by increases in, for example, verbal abuse and threats, or whether reductions in physical violence have generalized to these other forms of abuse, leading to their reduction as well.

- Length of follow-up. Some evaluations do not collect data on client behaviour past the conclusion of treatment. Of those that do client follow-ups, most collect data at six months or so after treatment. Realistically, this is not a very long follow-up period. However, the difficulties of tracking clients over longer periods of time mean that longer follow-up periods are rarely attempted.

- Follow-up response rate. This refers to the proportion of clients who completed treatment who can be contacted to obtain follow-up data. Typically, this proportion ranges across evaluations from 25 per cent to 50 per cent. The risk posed by the use of these limited data is that the clients who can be contacted are those who are most cooperative and stable and are therefore the most likely to show the desired improvement.

Elimination from the evaluation database of the other clients who cannot be contacted is likely to make the treatment appear more effective than it otherwise would.

- Access to victims. Some evaluations do not take account of the degree of access of the batterer to his spouse or partner in calculating success rates. For example, some treatment clients may be under a court order to stay away from their spouses. These orders may be complied with to varying degrees. Other clients will be cohabiting with their spouses throughout the treatment period. What needs to be taken account of in evaluations of batterer's treatment is the extent of access treatment clients have to their former victims, so that lack of opportunity to abuse is not mistaken for treatment effectiveness.

- Victim corroboration. Many evaluations rely on self-report data provided by treatment clients. These data are subject to criticism as to their reliability, given the temptation and probably the tendency on the part of treatment clients to report improved behaviour on their part whether accurately or otherwise. An important source of corroborative data on the client's behaviour is of course his spouse or partner. Requiring that an evaluation collect this type of data means that databases will be limited to clients having access to a spouse who is willing to provide this corroborative information. This has rarely been done.

- Use of police data. Some studies rely on police charging data as a measure of recidivism. The problem with this approach is that these data are well known to underestimate the true incidence of both crime in general, and especially family violence. As a result, apparent decreases in the frequency of physical abuse may reflect an increased reluctance on the part of the woman to call the police back, particularly if the man is on probation (or receiving treatment as a condition of sentence) for previous violent behaviour directed at her.

The foregoing list of methodological shortcomings often observed in the literature on batterers' treatment effectiveness is intended to make the readers of this report 'informed consumers' of the material presented in the remainder of this chapter. These issues will also be revisited in our discussion of potential future research initiatives at the end of this report.

In the remainder of this chapter, we describe the existing literature on the effectiveness of group treatment for batterers. In the next section of this chapter, the individual studies are briefly described, and their basic characteristics are summarized in

chart form (Table 2-1). The chapter concludes with a general discussion of a range of issues arising from the literature.

2.1 Description of the Literature

The studies summarized in this report are presented in chronological order. As can be seen, there is a progression in the evaluation issues over time. Asterisks denote Canadian studies.

1. Edleson, Miller, Stone, Chapman (1985)

This evaluation was one of the first done on men's treatment groups. As a consequence it suffers from some problems that have since been identified and addressed by other evaluations. For instance, this study focussed solely on physical abuse as its measurement of program success. However, their definition of physical abuse included acts of sexual abuse. It also relied solely on client self-reports for the evaluation. Since this study was done before these groups were identified as a resource for the criminal justice system, all clients were voluntary. The sample was small (9 men) and they reported a success rate of 78 per cent being physically nonviolent after a 21 week follow-up.

Due to its pioneer nature, this study has severe limitations. However, it draws attention to the fact that evaluation in this field is very new. It is also encouraging that some issues tested and/or ignored in this earlier work have been corrected in later studies, such as partner corroboration and a wider definition of abuse. It is unclear from this report what scales were used to measure the extent of violence. It does state though, that the focus of the initial interview was on recent abusive behaviour that had occurred in the past nine weeks.

Table 2-1 **Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report**

Edleson, Miller, Stone, Chapman (1985)	Saunders and Hanusa (1986)	Rosenbaum (1986)	Dutton (1986)*
PROGRAM DESCRIPTION	**PROGRAM DESCRIPTION**	**PROGRAM DESCRIPTION**	**PROGRAM DESCRIPTION**
site: n/a	**site:** n/a	**site:** n/a	**site:** n/a
Referral source: All men self-referred volunteers. Men reporting severe verbal but no physical abuse were not considered for the study.	**Referral source:** Referred by spouse or by a social service or criminal justice agency. Men who suffer from problems of illiteracy, severe mental disorders, or severe alcohol abuse were screened out during assessment interview.	**Referral source:** Men are self-referred. Requirements for participation were that the relationship be six months' duration and at least one incident of physical violence.	**Referral source:** All men referred by the court.
Type of program : Group treatment program based on a cognitive-behavioral approach.	**Type of program :** Group treatment program based on a cognitive-behavioral approach.	**Type of program :** This program is a behaviorally based short-term psycho-educational group.	**Type of program :** This is a court-mandated group therapy program.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Edleson, Miller, Stone Chapmen (1985)	Saunders and Hanusa (1986)	Rosenbaum (1986)	Dutton (1986)*
Counsellors: Group leaders were male with a master's degree in a helping profession. Coleaders were male and included graduate social work interns and a minister.	**Counsellors:** Skills-training groups led by two males or a male-female therapy team, with one leader having at least a master's degree in social work or counselling and experience in conducting structured skills groups. Process groups led by former skills group members.	**Counsellors:** Groups operated by male-female coleader teams.	**Counsellors:**
Intervention: Educational format with emphasis on social learning views of spouse abuse.	**Intervention:** Consists of assertiveness training, relaxation training and cognitive restructuring. Treatment also focussed on increasing client's acceptance of sex-role changes.	**Intervention:** Program operates on the assumption that violence is a learned behavior that can be changed. Program has two goals: attitude change and behavior change.	**Intervention:** Group therapy includes "cognitive" behavior modification, anger management, and assertiveness.
Duration of intervention: 12-week program with option to continue to attend a weekly support group after completing program.	**Duration of intervention:** 12 weeks consisting of 12 structured, skills group sessions and 8 process group sessions.	**Duration of intervention:** Six week program. Completers are followed up every three months for up to 2 years and asked questions on levels of violence.	**Duration of intervention:** This is a 16 week program.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Edleson, Miller, Stone Chapman (1985)	Saunders and Hanusa (1986)	Rosenbaum (1986)	Dutton (1986)*
EVALUATION DESIGN	**EVALUATION DESIGN**	**EVALUATION DESIGN**	**EVALUATION DESIGN**
Research methodology: Study used a modified multiple-baseline design to evaluate the three groups. Data collected during treatment sessions. Men's self-reports were the basis of the evaluation and no control group was used. Not clear as to what scales were used to measure extent of violence. Follow-up period of 21 weeks.	**Research methodology:** Study focusses on psychological and attitudinal changes Study used a pre-post design. NB Study does not attempt to directly measure changes in abusive behavior. No control group used. Follow-up contact with 45 of the partners have been completed but the results are the subject of another report.	**Research methodology:** Study relies on the clients' self reports of violence. Client must have had completed treatment for a minimum of 6 months to be included in study. No control group used.	**Research methodology:** The study used a quasi-experimental design to examine post conviction recidivism rates for men in court-mandated treatment in comparison to those not attending treatment. Systematic variations between treated and untreated groups have been considered. However no systematic psychological assessment done. Men were not allocated at random to treatment.
Outcome measures used: This study focusses on physical abuse only, as its measurement of success (includes acts of sexual abuse). No other forms of violence considered.	**Outcome measures used:** The following scales were used as outcome measures : modified NOVACO Scale to measure anger; Male Threat from Female Competence Scale; Beck Depression Inventory; Attitude Towards Women Scale; Jealousy Scale; Marlowe-Crowne Social Desirability Scale. Modified CTS used to measure level of violence at intake only.	**Outcome measures used:** This study establishes nonviolence as the outcome criteria. No specific instrument used.	**Outcome measures used:** Study uses police records as recidivism measures. Data were collected for up to 3 years post-arrest (Mean=2 years). The treated group and their partners also administered the CTS prior to and following treatment.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Edleson, Miller, Stone Chapman (1985)	Saunders and Hanusa (1986)	Rosenbaum (1986)	Dutton (1986)*
Population evaluated: Nine completers selected on the basis they had been physically violent towards partners.	**Population evaluated:** 92 clients who completed treatment. 5 groups excluded from analysis because: leaders were inexperienced, there was incomplete data for over 30% of cases, noncompletion rate exceeded 40%. 21 men did not complete treatment and differed from completers.	**Population evaluated:** Study reports on the participants of 4 workshops. These workshops met the following criteria: all were conducted by male-female teams; they finished at least 6 month prior to this study; each group completed by at least 3 participants; none of the participants were still involved in any ongoing treatment for violence. Follow-up data available on 11 workshop completers. Only 9 men satisfied the inclusion criteria.	**Population evaluated:** Treated men defined as those who completed treatment. Untreated men were defined as men who had been interviewed for the group but who had completed fewer than four sessions of treatment. Both treated and untreated men had been convicted of assault and had similar histories of assault.
OUTCOMES: Study reports a success rate of 78% being physically nonviolent.	**OUTCOMES:** Outcome measures from CTS not available. Measures of anger, depression, attitudes about women, and jealousy show positive changes (behavior change not known)	**OUTCOMES:** Eight men were reported as nonviolent for at least 6 months after program.	**OUTCOMES:** Compared recidivism rates for treated and untreated men and showed significant differences. Treated group maintained a 4% rate of abuse over time, while the nontreated group went from a 16% rate at 6 months follow-up, to 40% rate at 2 1/2 years. CTS results indicate a significant post treatment decrease in violence.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Leong, Coates and Hoskins (1987)	Shepard (1987)	Tolman, Beeman and Mendoza (1987)	Hamberger and Hastings (1988)
PROGRAM DESCRIPTION	**PROGRAM DESCRIPTION**	**PROGRAM DESCRIPTION**	**PROGRAM DESCRIPTION**
site Denver, Colorado AMEND Abusive Men Exploring New Directions	**site** Duluth Domestic Abuse Intervention Project (DAIP)	**site: n/a**	**site: n/a**
Referral source: The courts	**Referral source:** Most participants are court ordered to treatment.	**Referral source:** Men must call the program themselves.	**Referral source:** Data not available.
Type of program: This is a court-mandated treatment program based on a therapeutic approach.	**Type of program:** This is a counselling and educational program. The first phase of the program is offered by three local human service agencies. The second is offered by the Domestic Abuse Intervention Project.	**Type of program:** This is a shelter-sponsored intervention program that has a dual focus on cognitive-behavioral skills and issues of sexism.	**Type of program:** This is a psycho-educational, cognitive-behavioral skill training program.
Counsellors: No available information.	**Counsellors:** No available information.	**Counsellors:** No available information.	**Counsellors:** No available information.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Leong, Coates and Hoskins (1987)	Shepard (1987)	Tolman, Beeman and Mendoza (1987)	Hamberger and Hastings (1988)
Intervention: Objectives of the program include: taking responsibility for the use of violence, reducing externalization of the violence, improving detection of anger and warning signs of violence, information about gender roles, and teaching new ways of handling conflict.	**Intervention:** Program is composed of two phases: 1)The first phase is the counselling program which uses a psycho-educational model. The emphasis here is on anger control. 2) This phase is the educational program. The focus here is on changing attitudes used by men to justify abuse and on examining a range of abusive or controlling behavior.	**Intervention:** Men learn alternative skills for coping with emotional arousal and conflict resolution. The group also confronts the entitlement of the man to be violent and explicitly focusses on male sex role socialization as it relates to the abuse of women.	**Intervention:** The program consists of 3 sessions of interviews and psychometric evaluations of the batterer. The program has three major components: a cognitive restructuring component, a communication/assertiveness component, and an active-coping relaxation component.
Duration of intervention: No available information on duration of program. Follow-up contacts were made with partners 3 months after the end of the program.	**Duration of intervention:** The first and second phase of the program consists of 12 weeks of counselling group and 12 weeks educational group.	**Duration of intervention:** Men must attend 26 ongoing sessions. Follow-up period of at least six months.	**Duration of intervention:** 15 week program Maximum of one year follow-up.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Leong, Coates and Hoskins (1987)	Shepard (1987)	Tolman, Beeman and Mendoza (1987)	Hamberger and Hastings (1988)
EVALUATION DESIGN	**EVALUATION DESIGN**	**EVALUATION DESIGN**	**EVALUATION DESIGN**
Research methodology: The study examines the prior arrest and official recidivism rates of men who were court-mandated to treatment.	**Research methodology:** The purpose of this study was to evaluate whether or not the program was achieving its goal of eliminating abusive behavior. Study was conducted in two stages: the first stage occurring during a 3 month period, and included all men entering the program (this includes men finishing twelve weeks of counselling, men completing the entire program and those having completed it three months earlier (follow-up); and the second stage consisted of a follow-up 14 months after on all batterers who had completed the program. Both partners and clients were interviewed in the first stage. Only the partners were interviewed in the second stage.	**Research methodology:** This study attempted to measure all levels of abuse and used a 92 item follow-up questionnaire to address the state of the relationship and current and past abuse. Modified CTS used to measure physical abuse. Other scale items added to measure emotional abuse and relationship changes. Interviews were conducted by phone.	**Research methodology:** Study tests three hypotheses: 1) program completers would show a decrease rate of violence after one year of treatment.; 2) psychometric measure of dysphoria (depression and anger) would show improvement in program completers.; 3) measures of basic personality traits would not change. Changes in violent behavior measured two ways: 1) compared program completers and noncompleters, 1 year after treatment 2) Analysed the amount of change in CTS score for program completers.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Leong, Coates and Hoskins (1987)	Shepard (1987)	Tolman, Beeman and Mendoza (1987)	Hamberger and Hastings (1988)
Outcome measures used: Study used three methods to measure outcome: 1) police records 2) therapist records (to determine attendance only) 3) telephone interview with partners (16/67 contacted) NB open ended questions were used in the partner interviews and police descriptions were coded into a scale similar to the CTS.	**Outcome measures used:** Socio-demographic data collected from agency intake forms. A self administered questionnaire was designed to measure rates of physical, sexual and psychological abuse. This instrument was named the "Behavior Checklist".	**Outcome measures used:** This study focussed on the results from women's interviews. (See above cell for information on instrument used.)	**Outcomes measures used:** In order to determine change in violent behavior the CTS was administered at 1, 3, 6, and 12 months to both clients and their partners and police records of complaints were recorded at one year post treatment. The psychometric evaluation includes three tests: the MMPI, the Beck Depression Inventory and the Novaco Anger Scale.
Population evaluated: 67 men who had been court-mandated to treatment. Most men also reported still being in the relationship in which the battering incident occurred. Of the 67 men, complete data were available on 47. Only 23 of these 47 completed treatment (50% completion rate).	**Population evaluated:** During the first phase of the study, information was gathered from 92 batterers and 77 partners. During the second stage of the study, the 77 victims were surveyed with 33 or 51% responding. (Many could not be located and a few were excluded because their partners dropped out early in the program).	**Population evaluated:** Sample included all clients and their partners who participated in the program over its four year duration. Only 48, or 32%, of the initial sample of 149 couples, were able to be reached at follow-up.	**Population evaluated:** The sample included 71 men, 35 were completers and 36 dropped out. Completers had to have completed at least three assessment sessions, of the 15 sessions. Three completers were lost at follow-up. Those who dropped out completed initial assessments and at least one intervention session.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Leong, Coates and Hoskins (1987)	Shepard (1987)	Tolman, Beeman and Mendoza (1987)	Hamberger and Hastings (1988)
OUTCOMES Rearrest rates both during and after treatment are encouraging indications that court-ordered treatment is effective in ending the violence. Rearrest rate for this study was 15%.	OUTCOMES All the study's hypotheses were confirmed. Victims generally reported experiencing lower rates of abuse from assailants at later group phases and these lower rates were maintained at follow-up. It was also indicated that assailants who had completed the program reported lower rates of abuse than that in earlier group phases. Men beginning the program were more likely to deny and minimize their abusive behavior and reported lower rates of abuse than those in other phases of the program. Victims reported significantly higher rates of abuse for assailants than assailants did for themselves.	OUTCOMES Not all violence was terminated post treatment. 60% of the men were reported to use aggressive acts towards their partners. The relationship between months out of the program and recidivism was not significant. Study also suggests a reduction of aggression over time. Decreases in aggression did not usually lead to an increase in other forms of violence. Also high participators did not score differently from low participators.	OUTCOMES Results confirm all three hypotheses. Completers evidenced a marginally significant lower rate of violence recidivism than did program drop-outs. Program completers were however still reported using psychological abuse. Despite observed changes in behavior and symptomatology, basic personality characteristics remained the same.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Gondolf (1988)	Edleson (1987) Study one	Edleson (1987) Study two	Edleson (1987) Study three
PROGRAM DESCRIPTION	PROGRAM DESCRIPTION	PROGRAM DESCRIPTION	PROGRAM DESCRIPTION
site: Second Step Program for abusers, in Pittsburgh.	site: Domestic Abuse Program (DAP), in Minneapolis	site: Domestic Abuse Program (DAP), in Minneapolis	site: Domestic Abuse Program (DAP), in Minneapolis
Referral source: Half of both samples found out about the program through their wives, or women's shelters.	Referral source: 51 men reported a referral source: 63% were referred by community practioners or agencies; 33% by partners and 9.1% by courts.	Referral source: Referral sources were of three types: 24.4% were referred by partners; 30% were referred by a local social agency and 10.7% by the courts.	Referral source: Referral sources were of three types: 29% were referred by partners; 26% were referred by a local social agency and 7.4 % by the courts.
Type of program: This is a structured group program for voluntary clients.	Type of program: Cognitive-behavioral group treatment combined with self-help groups. Short-term counselling and 24 hour crisis telephone service also available.	Type of program: Cognitive-behavioral group treatment combined with self-help groups. Short-term counselling and 24 hour crisis telephone service also available.	Type of program: Same as study 2.
Counsellors: No details available.	Counsellors: No details available.	Counsellors: No details available.	Counsellors: No details available.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Gondolf (1988)	Edleson (1987) Study one	Edleson (1987) Study two	Edleson (1987) Study three
Intervention: Program incorporates anger control techniques and emphasizes resocialization from sex-role stereotypes.	**Intervention:** Men participated in orientation, self-help groups and structured therapy groups.	**Intervention:** Intervention procedures used were similar to those used in study one, but differed in terms of the structure through which they were offered. Orientation groups were combined with the therapy groups which composed phase I of the program. Upon completion of Phase I groups, men entered Phase II groups which were designed as more traditional therapeutic process groups.	**Intervention:**
Duration of intervention: Participants attended weekly group sessions for an undetermined period of time (based on participants needs).	**Duration of intervention:** Structured therapy groups lasted 8 weeks.	**Duration of intervention:** Structured therapy groups lasted 8 weeks Length of a man's involvement in phase II was at least 16 weeks.	**Duration of intervention:** Identical to previous study.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Gondolf (1988)	Edleson (1987) Study one	Edleson (1987) Study two	Edleson (1987) Study three
EVALUATION DESIGN	**EVALUATION DESIGN**	**EVALUATION DESIGN**	**EVALUATION DESIGN**
Research methodology: This study compares group treatment participants to nonparticipants. This study reports on the follow-up study of men who contacted the program. Follow-up data were collected via telephone interviews.	**Research methodology:** This study examines differences between program completers and noncompleters and corroborated reports of violence with partner interviews. Follow-up interviews were done by phone 5-9 months after treatment ended.	**Research methodology:** Measurement procedures used in this study were identical to the ones used in the first study, However this study lacks a group of noncompleters with which to compare outcomes. Follow-up interviews conducted on average 9.5 months after treatment completion.	**Research methodology:** Again measurement procedures used in this study were similar to the one used in the two previous studies, with the exception that the rating scale was eliminated. This study also used a comparison group of noncompleters to compare outcomes.
Outcome measures used: An open-ended questionnaire was administered. The men were asked questions regarding their perceptions of the program, the nature and duration of their abuse and their strategies for stopping the abuse.	**Outcome measures used:** Modified version of the CTS (20 item questionnaire and 4 point rating scales used to collect follow-up data). Data from the female partners used as conservative indicators of success.	**Outcome measures used:** The same 20 item questionnaire and 4 point rating scales used to collect follow-up data.	**Outcome measures used:** The same 20 item questionnaire used to collect follow-up data.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Gondolf (1988)	Edleson (1987) Study one	Edleson (1987) Study two	Edleson (1987) Study three
Population evaluated: Sample composed of 54 men who did not participate (control group) and 51 men who participated in program. Of this sample 42% of nonparticipants and 64% of the participants agreed to be questioned.	**Population evaluated:** Sample composed of 63 men (32 completers; 31 noncompleters) and 57 women (27 partner completers and 30 partner noncompleters) All men who were considered completers participated in orientation, self-help and structured therapy groups. Noncompleters missed at least three treatment sessions.	**Population evaluated:** Study focussed on 86 men who completed treatment. Only 42 men whose partners could be contacted were included in this data set.	**Population evaluated:** Study focussed on 121 men (112 men who completed treatment and 47 noncompleters).

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Gondolf (1988)	Edleson (1987) Study one	Edleson (1987) Study two	Edleson (1987) Study three
OUTCOMES Both groups reported similar levels of violence, however participants seemed to have a more extensive repertoire of strategies for stopping their abuse than did nonparticipants. Nonparticipants were less willing to admit their abuse, more transient and more resistant to getting help. Men usually voiced the importance of willful self-restraint to stop the violence, rather than personal or social change. Men spoke highly of the social aspect of the groups. The length of time in the program does not appear to reduce the amount of violence, nor does the length of time following treatment completion alter the level of abusive behavior.	**OUTCOMES** Outcomes are based on the reports of the 27 female partners of men who completed treatment and 30 female partners of noncompleters. 1) Study results indicate men and women differed on reports of violence. 2) 64% of the program completers were reported by their partners as nonviolent since treatment. 3) For noncompleters there was a 54% rate of nonviolence. However those reported to be nonviolent in both groups still continued their use of threats of violence.	**OUTCOMES** The study refined the definition of violence and coded the clients behavior as follows: 1) Not committed violence or threatening acts-24%; 2) Been threatening but not violent-43%; 3) Committed direct violent acts-19%; 4) Committed severe violent acts since treatment ended-14% Again many of those reported to be nonviolent still continued their use of threats of violence.	**OUTCOMES** The results of this study are not as encouraging as the results in the other two. Data show that completers were more likely to be nonviolent (59%) compared to noncompleters, however this difference was not statistically significant. Like the second study, this study found that most completers who were reported to be nonviolent still continued their use of threats of violence.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Chen, Bersani, Myers Denton (1989)	Edleson and Syers (1990a)	Edleson and Syers (1990b)	Meredith and Burns (1990)*
PROGRAM DESCRIPTION	**PROGRAM DESCRIPTION**	**PROGRAM DESCRIPTION**	**PROGRAM DESCRIPTION**
Site: The Time Out Program.	**Site:** The Domestic Abuse Project in Minneapolis.	**Site:** The Domestic Abuse Project in Minneapolis.	**Site:** Richmond Hill, Eganville, Kingston, London, Durham, Sarnia, Hamilton, Scarborough, Ottawa (Ontario).
Referral source: All men were court ordered to treatment.	**Referral source:** 38.3% of the inital sample were ordered to treatment by the courts, the rest were self referred.	**Referral source:** Same as previous study.	**Referral source:** 40% of the men were court-mandated.
Type of program: Program consists of two phases and is based on a cognitive and educational approach.	**Type of program:** Three models of treatment were offered: 1) an educational model; 2) a self-help model; 3) a combined model that integrates education and self-help.	**Type of program:** Same as previous study.	**Type of program:** Nine programs were evaluated. These programs were all funded by the Ministry of Correctional Services of Ontario. A psycho-educational approach in the basis of the Ministry model.
Counsellors: No available data.	**Counsellors:** All facilitators were men.	**Counsellors:** Same as previous study.	**Counsellors:** No available data.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Chen, Bersani, Myers, Denton (1989)	Edleson and Syers (1990a)	Edleson and Syers (1990b)	Meredith and Burns (1990)*
Intervention 1) The first phase is informational in nature and focussed on the following issues: control, denial, and isolation. 2) Phase two is structured as an interactive group and focussed on exploring personal issues and techniques for avoiding violent interactions.	**Intervention** The educational model relied on lectures, videotapes, and role-played demonstrations, and a short group discussion. The self-help groups were minimally structured and participants could select the topics they wished to discuss. The third model combined both educational lectures with discusson of personal issues.	**Intervention** Same as previous study.	**Intervention** All programs based their approaches on the Program Model for Assaultive Males developed by the Ontario Ministry of Corrections.
Duration of intervention Treatment consists of a total of 8 sessions.	**Duration of intervention** All three groups were offered at different intensities (12 or 32 sessions).	**Duration of intervention** Same as previous study.	**Duration of intervention** Varied from 9-24 weeks among programs.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Chen, Bersani, Myers, Denton (1989)	Edleson and Syers (1990a)	Edleson and Syers (1990b)	Meredith and Burns (1990)*
EVALUATION DESIGN	**EVALUATION DESIGN**	**EVALUATION DESIGN**	**EVALUATION DESIGN**
Research methodology: The research objective is to measure the effects of treatment on men convicted of spouse assault. Another group of convicted spouse abusers who were not mandated to treatment was also used as a control group. This group was created by using a systematic sampling from the Crime Index. The evaluation model consist of two equations. The assignment equation which attempts to determine who a judge would send to treatment (also includes attendance as a treatment variable), and the outcome measure.	**Research methodology:** The study compares six different group treatments for men who batter. The men were randomly assigned to one of the three treatment models. The results presented in the study derive primarily from a six-month follow-up interview with additional information gathered at intake and closing.	**Research methodology:** This study is an extension of the previous study and presents the findings of the 18 month follow-up.	**Research methodology:** This study attempts to measure the levels of physical, verbal and emotional abuse as well as use of reasoning techniques and impact on women partners. Pre/post and three month follow-up interviews done. Corroborative data were obtained from client's partners. This study addresses the "separation effect" in that, in order for a male client to be included in the study, he needed to have some contact with his partner.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Chen, Bersani, Myers Denton (1989)	Edleson and Syers (1990a)	Edleson and Syers (1990b)	Meredith and Burns (1990)*
Outcome measures used: In the case of the outcome equation, recidivism was used as the outcome measure. All information was gathered from court files with the exception of the attendance records which were provided by the treatment program.	**Outcome measures used:** The study gathered demographic data from each participant as well as administered a pre/post modified CTS. This 29 item scale was broken down into 3 categories: 1) threats - i.e., stomping, screaming, insults; 2) terroristic threats - i.e., physically harming pets, driving recklessly, smashing objects; 3) physical and sexual abuse.	**Outcome measures used:** Same as previous study.	**Outcome measures used:** An Index of Controlling Behavior was developed for this study which combined items from four existing scales, including the CTS. Scores for the men and their partners were compared if they still were in contact with each other.
Population evaluated: The treatment group was composed of 120 men all convicted batterers. 101 men composed the control group. This group was matched with the convicted batterrers' group.	**Population evaluated:** 92 program completers and their partners were interviewed at follow-up. Data were provided by partners in 80 cases and were self-reported in 12 cases.	**Population evaluated:** Of the 153 men who completed 6 treatment programs, 70 (45%) provided data at the 18 month follow-up.	**Population evaluated:** Final sample included 132 clients and their partners. A 53% drop out rate was reported.

Table 2-1 Basic Characteristics of Batterers' Treatment Evaluations Reviewed for this Report (Cont'd)

Chen, Bersani, Myers, Denton (1989)	Edleson and Syers (1990a)	Edleson and Syers (1990b)	Meredith and Burns (1990)*
OUTCOMES Study found that 63% of the participants had attended 75% of the treatment sessions. 37% failed to attend this many sessions (1/3 of this group not attending any of the sessions). The probability of an offender being sent to treatment is influenced by the following variables: the victim, the judge, prior charges of violence and the age of the abuser. Only two variables influence the likelihood of recidivism: the number of prior violent charges and the length of time since sentencing.	**OUTCOMES** Analysis of the results indicate that shorter, more structured group treatment was most effective. On average 12 and 32 session groups were as effective in reducing the incidence of violence and terroristic threats. However the majority of men were still reported to be continuing their use of less severe threats regardless of the type of group model or intensity of delivery.	**OUTCOMES** Study indicates that the outcomes achieved by the educational model and the combination model were consistent over time, while those achieved by the self-help model were less predictable. However participants in the self-help group showed a higher rate of nonviolence at the 18 month follow-up than the people who were interviewed at six month follow-up. As per the previous study, the majority of men were still reported to be continuing their use of less severe threats regardless of the type of group model or intensity of delivery.	**OUTCOMES** Analysis indicate a reduction in all forms of abuse. Although abuse was still occurring post-treatment, at a decreased level, 80% of the women reported feeling safer with their partners and 50% indicated treatment had influenced their decision to stay with their partner.
		The benefits of 32 vs 12 sessions were again nonsignificant. Authors believe that treatment provides a regulatory function immediately after sentencing but that over time, the possibility of new court involvement becomes the strongest deterrent to further violence.	

2. Saunders and Hanusa (1986)

This study focussed on psychological and attitudinal changes, rather than behavioural measures. It used a relatively large sample of 92 clients and a number of psychological scales, including:

- Modified NOVACO Scale to measure anger
- Male Threat from Female Competence Scale
- Beck Depression Inventory
- Attitude Toward Women Scale
- Jealousy Scale
- Marlowe-Crowne Social Desirability Scale

The only additional scale used was the Conflict Tactics Scale to measure levels of violence. Unfortunately, outcome measures from this scale were not available for this study.

Measures of anger, depression, attitudes about women, and jealousy showed positive changes following this cognitive-behavioural group treatment. However, the extent of any behaviour change is not known. This is a major concern with this study, especially in light of the fact that in the initial assessment of these men, over one-half of them admitted to using "severe violence" as defined by the CTS.

In spite of these limitations in measuring outcomes, this study offers several things. First of all, it documents that clients often bias their responses in a socially desirable way. This confirms the need to adjust self-reported scores or to collaborate reports with partner interviews. This study also addressed treatment motivation. Results indicated that those most likely to drop out of treatment early are less educated, unemployed and single. They recommend that these factors could be used during an assessment phase to conduct pretreatment motivational programs. They suggest one such strategy would be to match low motivated men with former, successfully treated men to act as "sponsors".

3. Rosenbaum (1986)

This study is limited in its contribution, but again can be seen as a stepping stone for evaluations that followed. Although the sample was small (9 of 11 completed treatment) and it relied solely on the clients' self-reports of abuse, it did have some helpful criteria for subsequent studies.

Rosenbaum argues that it is not uncommon to find nonviolent periods of at least 6 months post-treatment. He insisted then, that a client have completed treatment for a minimum time of 6 months and up to two years, to be included in the study. Clients were telephoned every 3 months for 2 years with questions regarding the level of violence, their living arrangement, relationship status, and techniques used to resolve conflict. It does not appear that they used any specific instrument to do this. It was also stated quite clearly that the only viable outcome criteria was termination of violent behaviour, rather than a decrease. In this study, 8 of 9 completers met this criteria.

4. Dutton (1986)*

This Canadian study is one of the few evaluations done thus far that has a "no treatment" control group. Relying on police records for convicted wife batterers, Dutton compared recidivism rates for men who attended a treatment group and those who received no treatment. He found significant differences. The no treatment group repeated assaults in 20 of 50 cases compared to 2 of 50 for those in the treatment group. Data were collected for up to 3 years post-arrest (mean=2 years). This length of time adds to the strength of his argument that treatment has a positive impact. Surprisingly, the difference between the two groups got significantly stronger as time went on. The treatment group maintained its rate of abuse (4 per cent) over time while the untreated group rate jumped from 16 per cent at 6 months to 40 per cent at 2 1/2 years.

The treated group and their partners were also administered the Conflict Tactic Scale (CTS) prior to and post treatment. The results also documented a significant post treatment decrease in violence. Eighty four percent of the wives reported no post treatment violence. Rates of verbal aggression also dropped significantly. This study argues strongly for arrest-treatment combinations to diminish wife assault.

5. Leong, Coates and Hoskins (1987)

This study examines prior arrest rates and official recidivism rates of 67 men court-mandated to treatment in Denver, Colorado. Of these 67, complete data were available on 47 and of these, only 23 completed treatment (50 per cent completion rate). The average number of sessions attended for men sentenced to 36 sessions was 12!

This study used 3 methods to measure outcomes:

- police reports;
- therapist records (to determine attendance only);
- telephone interviews with partners (16 of 67 contacted).

These measures allowed the researchers to record attendance, re-arrest for family violence during and after sentencing and partners reports of levels of violence. Open-ended questions were used in the partner interviews. Police descriptions were coded into a scale similar to the CTS.

This study draws attention to three important issues. First of all, the tremendous difficulty posed by trying to keep men in treatment and the difficulty in doing follow-up with both clients and their partners. Secondly, the usefulness of gathering information from more than one source. (Interestingly enough, this study did not rely on the clients themselves to provide any data.) Third, the importance of listening to the victims.

Discussions with the partners in this study were quite enlightening. Of the 16 women, 19 per cent reported that the violence had not stopped. None of these women had called the police when the abuse happened. All the women were asked what the most effective factor had been in ending the violence. Almost all listed both contact with the court and treatment. Most of the women also indicated that they would have attended counselling sessions if they had been available. They also said they had not contacted a group or shelter on their own.

6. Shepard (1987)

This study was conducted to evaluate the Duluth Domestic Abuse Intervention Project (DAIP), and determine if the program was reaching its goal of **eliminating** abusive behaviour. It was hypothesized that victims would report

experiencing lower rates of abuse from batterers at later group phases and that these lower rates would be maintained at follow-up. It was also predicted that program completers would report lower rates of abuse than they had at earlier group phases.

This study, which employed a unique cross-section of design, was conducted in 2 stages. The first stage occurred during a 3 month period, and included all men:

- entering the program (beginning);
- finishing 12 weeks of counselling (middle);
- completing the entire program (end); or having completed it three months earlier (follow-up).

The second stage consisted of a follow-up 14 months later on all batterers who had completed the program. Only the partners were interviewed at this stage. During the first stage, 92 batterers and 77 victims were included. In the second stage, of the 77 partners eligible, 39 agreed to an interview (51 per cent response rate). Socio-demographic data were collected from agency intake forms and a self-administered behaviour checklist was developed for this study which included items of physical, sexual and psychological abuse. The majority of clients were white, high school educated and low income.

This study's hypotheses were confirmed. In general, the greatest change occurred during the first three months of the program. The author raises the question about whether the reductions in abuse are reflective of changes by the batterer or could they in fact be a measurement of the woman's increased ability to protect herself. Shepard also points out that 25 per cent of the men who attended the intake sessions dropped out of treatment.

In any case, the findings are encouraging in that 70 per cent of the women were no longer being battered at follow-up. On the other hand, 30 per cent of the women continued to be battered, in spite of intervention from police, courts and 6 months of treatment. Data indicated that reoffenders were more likely to have had previous convictions or to have appeared before both the criminal and civil courts. Psychological abuse also was quite resistant to intervention. Approximately 60 per cent of the women continued to report this in the follow-up interview. This evaluation reiterates that this type of intervention does not work for everyone and that it is more successful in terminating physical than psychological abuse.

7. Tolman, Beeman and Mendoza (1987)

This study was done to evaluate the effectiveness of a shelter-run men's program, over the 4 year duration of the program's operation. The sample included all clients and their partners who participated during this time period. The initial sample included 149 couples but only 48, or 32 per cent, were able to be interviewed over time. This study had the unique opportunity to look at long term treatment impact.

The study attempted to measure all levels of abuse and used a 92 item follow-up questionnaire which addressed the state of the relationship, as well as current and past abuse. A modified CTS was used to measure physical abuse and a series of scale items were developed to measure emotional abuse and relationship changes. This study focussed on the women's interviews.

Like other studies, not all violence was terminated post-treatment. In fact, 60 per cent of the men were still reported to use agressive acts toward their partners. Interestingly though, they found that the relationship between months out of the program and recidivism was not significant. Not only that but the direction of the data suggested a reduction of aggression over time rather than an increase. This finding however, needs to be read with caution. Only 20 per cent of the sample from the earlier years of the study were successfully interviewed. It is quite likely that those available to be interviewed are more apt to be "success cases".

Another encouraging finding was that a decrease in aggression did not usually lead to an increase in other forms of abuse. As well, high participators did not score differently from low participators. According to the women's scores, the areas most likely to be related positively to program participation are: her comfort in expressing her anger to her partner, reduction in fear and an increase in her sense of power in the relationship. The areas of least change are: her closeness with her partner; expression of feelings, other than anger, and sharing of household tasks.

8. Hamberger and Hastings (1988)

This study used a sample of 71 men (35 completed treatment and 36 dropped out), to test whether:

- program completers would show a decreased rate of violence after one year of treatment;

- psychometric measures of dysphoria (depression and anger) would show improvement in program completers;

- measures of basic personality traits would not change.

To test these, the psychometric evaluation included three tests: the MMPI, the Beck Depression Inventory and the Novaco Anger Scale. In addition, a demographic data form was used; the CTS was administered at 1, 3, 6, and 12 months; and police records of complaints were captured at one year post-treatment.

The results confirmed all three hypotheses. Completers had marginally significantly fewer acts of repeated violence than dropouts. As well, the CTS showed significant decreases in physical abuse for completers that were maintained at the one year follow-up. Although physical aggression was almost completely eliminated for completers, this was not true for psychological abuse. Although anger and depression may dissipate post treatment, in general, the treatment groups were shown to impact on behaviours without changing "the person". Since most participants showed continued evidence of personality disorders after treatment, the fact that psychological abuse continued after the physical abuse terminated, was documented as suspected.

These findings led to several recommendations. First of all, the need to understand the limitations of time-limited treatment groups and recognize that skills training may change the situational behaviours but not the personality behind them. Secondly, the need to continue long-term follow-up to eliminate all forms of abuse. Last, as in other studies, the high percentage of program dropouts cries out for methodology to reduce treatment attrition.

9. Gondolf (1988)

Usually studies of men who batter focus on those who are self or court referred to treatment programs, yet these men represent less than one per cent of the battering population. This study compares group treatment participants with nonparticipants and suggests that those who do not seek such treatment may be a very different population in terms of their attitudes and living patterns. Gondolf used a control group of 54 men who had called the treatment program but chose not to participate. He compared this group's perceptions of the program, their rates of violence and their strategies for stopping the abuse with 51 men who did choose to attend the program. Of this sample, 42 per cent of the nonparticipants and 64 per cent of the participants agreed to provide data for the study.

Although both groups reported similar levels of violence, participants reported having more extensive repertoires of strategies for stopping abuse than did the nonparticipants. Nonparticipants were also less aware of and less willing to admit their abuse, more transient and more resistant to getting help. They are more likely to voice a "I can do it myself" attitude. Gondolf however, pointed out some glaring omissions from strategies mentioned by participants. Although the program stresses sex-role issues and a societal context for abuse, only 2 men referred to the need to change themselves. There was no mention, for instance, of needing to learn to share power or gain greater respect for women. Men usually voiced the importance of willful self-restraint (such as anger management) to stop the violence, rather than personal or social change.

Men did speak highly of the social aspect of the groups, such as sharing ideas and making friends. Gondolf comments that this aspect of social support appears vital to men. The length of time in the program however, does not appear to reduce the amount of violence. As well, the length of time following treatment completion does not alter the levels of abusive behaviour.

Gondolf suggests that client success may be linked to extraneous factors. One obvious one is what he calls the "woman factor". Women were instrumental in informing 50 per cent of both samples about the program. In these cases, men seemed to have been more motivated and have learned more about strategies for stopping abuse. He comments that programs for men who batter may do well to work with the women and build strong alliances with services for battered women. He also found that age and employment influenced decisions to stay in the program. Older men and white collar men tended to stay longer.

This study points out the importance of stretching the net wider by addressing the resistance and elusiveness of nonparticipants. Gondolf's recommendation to explore more avenues for including women, and women's programs, in the treatment process for men who batter is also an important point.

10. Edleson and Grusznski (1988)

Edleson and Grusznski reported on three separate studies that summarize four years of outcome data from the Domestic Abuse Program (DAP) in Minneapolis. Each study covers a different time period, variation in treatment strategies, client population, outcome measures and research design. Although part of an overall evaluation, each study will be summarized individually and then discussed at the end.

11. Study One

This study examined differences between program completers and noncompleters and corroborated reports of violence with partner interviews. In total, 63 men (32 completers; 31 noncompleters) and 57 women (27 partner completed; 30 partner noncompleted) participated. Demographic factors were quite similar for both groups, except that completers were considerably more educated than noncompleters.

Follow-up interviews were conducted by phone 5-9 months after treatment ended. A modified version of the CTS was used for both groups. Due to the much higher incidence of violence reported by the partners, only their scores were used in this analysis. For men who completed treatment, 64 per cent of their partners reported no violence since the treatment ended. For noncompleters, there was a 54 per cent rate of nonviolence. When examining those reported to be nonviolent in both of these groups however, it was found that a fair number in both were reported as continuing their use of threats of violence.

12. Study Two

Using the same 20 point questionnaire, with the four point rating scale used in Study One, this study focussed on a sample of 86 men who completed treatment. Unlike the other two studies, no control group was used. Only 42 men whose partners could be contacted are included in this data set. The interviews were conducted approximately 9 months after treatment ended.

This study refines the definition of violence and coded client behaviour as follows:

- Not committed violence or threatening acts - 24 per cent
- Been threatening but not violent - 43 per cent
- Committed direct violent acts against his partner - 19 per cent
- Committed severe violent acts since treatment ended - 14 per cent

While a two-thirds nonviolence rate is encouraging, the persisent reports of threats of violence raise major concerns. Women attending women's programs are more likely to report threats. This likely indicates a greater awareness on their part of what constitutes abusive behaviour.

13. Study Three

The follow-up technique used for this study was similar to the one used in the two previous studies, with the exception that the rating scale was eliminated. The sample in this study was larger, 121 men, and like Study One, a control group of noncompleters was used. The results are not as encouraging as in the previous two studies.

	Completers N = 84	Noncompleters N = 37
- Not violent	23%	22%
- Threats without violence	36%	30%
- Direct Violence	26%	27%
- Severe Violence	15%	22%

Although these data show that men who completed treatment were more likely to be nonviolent (59 per cent) compared to noncompleters (52 per cent), this difference is not statistically significant. The authors feel these results may indicate a shift towards more difficult men e.g., fewer employed and more with prior chemical dependency and treatment histories.

Like the second study, this study found that large numbers of completers who were reported to be nonviolent continued to use threats of violence against their partners.

14. Overall Discussion

The first two studies indicate that men who complete treatment are less violent than those who do not. The third study, however, did not find these differences significant. They explain this by demographic shifts that happened over the course of the three studies and suggest that groups may work more effectively for men who function in more socially acceptable ways, e.g., those who are employed, more skilled, and lack histories of previous treatment for chemical dependency.

The methods used in the above studies suffer because a high proportion of the women could not be contacted at follow-up. Of those contacted, no attempt was made to control for those who were no longer in the relationship. A large percentage of completers and noncompleters reporting no violence at follow-up may be partially explained by a "separation effect".

They conclude that more attention needs to be given to threats when evaluations are done. In all three studies, a large number of men continued to use threats of violence after ending their use of violence. Threats, in this context, continue to be terrorizing for the women and children involved.

15. Chen, Bersani, Myers and Denton (1989)

The objective of this study was to measure the effects of treatment on 120 men convicted of spouse assault. Another group of convicted spouse abusers who were not mandated to treatment was accessed through court files to serve as a control group. Statistical procedures were employed in an attempt to correct for pre-existing differences between the treatment and control groups on a range of variables.

Recidivism was used as the outcome variable. All information was gathered from court files with the exception of the attendance records provided by the treatment program. The study found 63 per cent of the participants attended 75 per cent of the treatment sessions or more. Thirty seven percent failed to attend this many sessions. In fact one-third of this group did not attend any sessions.

The results indicated that the probability of an offender being sent to treatment is influenced by the following variables' relationship to: the victim, the judge, prior charges of violence and the age of the abuser. It was also discovered that only two variables influence recidivism: the number of prior violent charges and the length of time since sentencing. These data also suggest that attendance in treatment sessions must at least pass some threshold, in this case 75 per cent of the sessions, in order to show a desirable effect.

This study's methodology is relatively technical and difficult to follow as written, but it does raise an important issue about what factors determine whether or not a convicted batterer will be sent to treatment. The "judge factor," referring to the lack of judicial consistency, is one issue that needs to be explored further.

16. Edleson and Syers (1990a)

An experiment was conducted to compare six different group treatment programs for men who batter. The 283 men included in the study were randomly assigned to one of three forms of group treatment offered (education model, self-help model, or combination) in two different intensities (12 or 32 sessions). Six months after group treatment ended, 92 program completers or their partners were interviewed. At the six month follow-up, analysis of the results revealed that shorter, more structured group treatment was most effective. The study also found that court-mandated men were no more likely to succeed in treatment than those who were not. It appears that regardless of referral source, men had a two-thirds chance of being reported not violent at follow-up.

This study gathered demographic data from each participant as well as a pre/post modified CTS. This 29 item scale, broke down threats into two categories: Threats - e.g., stomping, screaming, insults, and Terroristic Threats - e.g., physically harming pets, driving recklessly, smashing objects. A third category included physical and sexual abuse.

The conclusion that brief, time-limited treatment can be as effective as more intense models has significant implications for use of program funds and staff. (The 12 session intervention required 27 hours of staff time in comparison to 72 hours with 32 sessions). As well, the strength of the education model over self-help, offers the possibility of a more easily transferred treatment modality that would result in more consistent program implementation and require fewer hours of staff training.

17. Edleson and Syers (1990b)

This study is an extension of the previous study and presents the findings of the 18 month follow-up interviews. Of the 153 men who completed one of the 6 options defined in the above study, 70 provided data (45 per cent) at the 18 month follow-up. This study found that the outcomes achieved by the education modality and the combination modality appear to be consistent over time, while those achieved by the self-help group are less predictable. The participants in the self-help groups showed a dramatically higher rate of nonviolence at 18 months than their counterparts in the 6 month study.

Here, as in the earlier study, the overwhelming majority of men were reported to be continuing their use of less severe threats regardless of the type of group model or intensity of delivery. The benefits of 32 vs. 12 sessions were again found to be not significant.

These data also indicated that those men who were both involved with the courts at intake and reported no prior mental health treatment were less likely to be reported violent at the 18 month follow-up. The authors speculate that treatment provides a regulatory function immediately following sentencing but over a longer period of time, the possibility of new court involvement becomes the strongest deterrent to further violence.

18. Meredith and Burns (1990)*

This evaluation compared treatment outcomes of nine programs for men who batter that are funded by the Ontario Ministry of Correctional Services. An Index of Controlling Behaviour (ICB) was developed for this study which combined items from four existing scales, including the Conflict Tactics Scale. The instrument measured levels of physical, verbal and emotional abuse as well as use of reasoning techniques and impact on the partner. The instrument was administered three times: prior to treatment, following treatment and 3 months post. The final sample included 132 clients and their partners (used for corroborative data only).

The study had a 53 per cent drop-out rate from the initial sample. Cohabitation, absence of a criminal record, and treatment not being court-mandated were found to be positively associated with client availability for follow-up.

Most surprisingly, findings showed a reduction in all forms of abuse. This was corroborated by the partner interviews which mirrored a parallel but higher level of abuse scores. Although abuse was still occurring post treatment, but at decreased levels, 80 per cent of the women reported feeling safer with their husbands and 50 per cent reported treatment influenced their decision to stay with their partner. Addressing the "separation effect" this study was unique in stipulating that the male client needed to be in contact with his partner, in some way, in order to be part of this study.

The results of this study are encouraging, given that all levels of violence were measured and that the partners corroborated the client's self-reports. However, the fact that the follow-up period was limited to three months raises concerns about the appropriateness of assuming success. It also challenges the definition of success of these programs. At follow-up, women were still reporting both some abuse and a willingness to stick it out in the relationship since the violence had decreased. This also shows that women's participation in women's groups declines dramatically when the man completed treatment. This raises

serious concerns about the long-term maintenance of such changes, and for the ultimate safety of these women.

2.2 Discussion

The number of men's treatment programs continues to grow, in spite of the aura of controversy and uncertainty that challenges their intent and their potential effectiveness. The need for rigorous evaluations has been argued for by funding groups, women's advocates and, in some cases, by the treatment programs themselves. More information is needed in order to decide whether resources directed toward treatment groups are well utilized and, most importantly, are contributing to an atmosphere of greater safety for the partners involved.

The studies discussed in this report, although not an all inclusive list of outcome evaluations done on treatment programs for men who batter, do cover the majority of studies done in this area. Overall, this group of 16 studies gives a fair representation of methodological issues and findings as they are known today.

Reading them through, one is struck by several issues. Firstly, all of these evaluations are quantitative in nature - although sample sizes range from 9 to 283 men - and all look to find factors within the program, or their clientele, that contribute to their "success". Secondly, the treatment modalities appear quite similar across all groups. As a result, differences are difficult to distinguish. Most groups meet weekly, with 6-12 men and 1 or 2 group leaders. Third, while programs struggle to identify key factors that contribute to positive treatment outcomes, the definitions of success are inconsistent across studies. Some view the reduction of violence as success, but even this definition is split between those who measure only levels of physical violence and those that argue for a wider focus on all levels of abuse. Other studies accept only the elimination of violence as success. Attempts to define an appropriate measure of treatment success are discussed in more detail below.

The studies included in this report are listed chronologically. It is encouraging that there seems to be a progressive awareness of the need to broaden the definition of violence. The first study, from 1985, looked only at physical abuse and claimed a high success rate with eliminating it. The last three studies, done in 1990, examined all levels of abuse and claimed decreases in all levels.

Although these studies encourage the belief that it is possible to eliminate physical violence, or decrease all forms of abuse with treatment programs (at least over a limited time period), evaluations continue to struggle with what factors may

or may not contribute to this. In spite of the limitations of these studies, they do offer some directions for future research, as well as messages for practitioners working with men who batter, women's groups for battered women, and funding sources. Issues generated from these studies generally fall into four categories: methodological issues, program issues, client issues, and partner issues.

2.2.1 Methodological Issues

Research question(s). A good research study relies on asking the right research questions. Since many of these evaluations were done by staff associated with treatment programs, or the program staff were closely consulted in the process of developing the evaluation, the focus of most studies reflects the key questions of their particular program or clientele. Due to the similarity of groups internationally however, many of the findings can find general application elsewhere. Most studies (14 of 16), focussed on looking at levels of violence and the impact of treatment, or lack of it, over time. Two studies (Saunders and Hanusa; Hamberger and Hastings), examined psychological factors and whether attitudinal changes could be achieved, or psychological problems diminished.

As mentioned earlier, there was a broadening in the definition of success when examining levels of violence. Not only were sexual, psychological and verbal abuse criteria added to later studies, but other issues as well. One study (7) measured relationship changes and another (16) measured the spin-off effects of treatment on the partner by questioning her feelings of safety pre/post treatment, her involvement with women's support groups, and her willingness to stay in the relationship.

Instruments. Given the generally accepted criticism in the field of the Conflict Tactics Scale (Straus and Gelles), it is surprising how often some version of it is used and how few options there appear to be to the CTS. Eleven of the 14 studies measuring behavioural changes used some version of the CTS.

The two studies measuring psychological changes used a much broader range of instrumentation. Both studies used the Novaco Anger Scale and the Beck Depression Inventory. Hamberger and Hastings also used the MMPI, and Saunders and Hanusa used several additional scales including: Male threat from Female Competence Scale, Attitude Toward Women Scale, Jealousy Scale, and Marlowe-Crowne Social Desirability Scale.

Four studies (4, 5, 8, 13) relied on court or police files for information, such as official complaints and/or convictions. Only one study (13) relied on these exclusively.

Control Groups. Although the literature often criticizes research in this area for not utilizing control groups, our review indicated quite the opposite. Three different types of controls were used by nine of the 16 studies. The most common type was the use of nonprogram completers and looking at variables that might differentiate these men from those who completed treatment. Five studies measured this and one study (7) compared "low participants" with "high participants" which allowed more men to fall into the higher catagory. Three studies used a "no treatment" control group (4, 9, 13). Two of these studies (4, 13) relied on police files for comparisons and one study (9) relied on men who had contacted the treatment program but decided not to be involved.

Corroboration. Although earlier studies (1, 2, 3) relied solely on men's self-reports, evidence suggests that men minimize or deny their abusive behaviour and additional corroboration is desirable. Police reports are one such avenue but only reported cases would be available so the number of cases documented would be low. More and more evaluations are using partner interviews as the most reliable report of men's behaviour. Many now feel that the greatest confidence can be obtained from studies that have used partner reports. Ten studies in this report (4, 5, 6, 7, 10, 11, 12, 14, 15, 16) used partner interviews as corroboration, or in lieu of men's reports. This is quickly becoming a necessary component of any research measuring changes in men's behaviour. What most studies (with the exception of Meredith and Burns) did not account for is the "separation effect," or the number of partners no longer in contact with the male batterer. By including all partners, studies falsely indicate that more males have made changes than actually did. For some men, their seeming improvement is circumstantial and may largely reflect a lack of opportunity.

2.2.2 Program Issues

The factors measured here are quite predictable (treatment modality, length of treatment, length of follow-up, attendance, completion rates and recidivism rates); however the findings were sometimes surprising. The findings need to be viewed with caution, however, due to the limited number of studies exploring each factor.

Treatment Modality. Most assume that the modality is less important than the man's motivation. However, Edleson and Syers' two studies set out to compare differences, if any, in treatment modalities. They discovered that there were differences, but these shifted as the follow-up time grew longer. At six months post-treatment, they documented that educational groups were significantly better than self-help groups. At the 18 month follow-up, however, the self-help group showed a dramatically higher rate of nonviolence. This shift is

difficult to explain. The consistency in outcomes from the educational and combination education/self-help groups lends greater credibility to these modalities. However, additional research in this area is needed to clarify treatment outcomes of self-help groups.

Time Frames. This issue is a very difficult one on which to generate comparative data. The length of the treatment program itself varies in each program from six sessions to 36 sessions. As well, of the seven programs with a follow-up component, the time frame ranged from three months to four years. The length of programs has always been subject to debate with the assumption that the longer the treatment the better the possible results. However, three studies included here refute this. For example, the two studies done by Edleson and Syers document that 12 sessions were just as effective as 32 sessions in reducing levels of violence. Gondolf, in comparing participants to nonparticipants, found similar levels of violence at follow-up for both groups, but the men who participated were more versed in appropriate strategies to stop abuse and more cooperative and available. These studies, if accurate in their findings, have serious implications for these types of programs. The first two studies suggest that resources could be better allocated to allow many more men to be serviced in a greater number of groups. The second study suggests that client motivation to change is a much stronger variable than previously recognized.

Attendance Rate. Only one study (13) addressed this issue directly. (As discussed earlier, several studies used dropouts as a control group.) In this study, Chen found that it was necessary for a man to attend at least 75 per cent of the treatment groups in order to show a desirable effect. These data suggest that attendance in treatment sessions must pass some threshold to be effective. Gondolf found otherwise, however the three studies that compared completers with noncompleters (5, 10, 12) all showed a positive effect of program completion.

Completion Rate. This issue continues to be a major problem with men's programs. All programs that reported on this factor showed anywhere from 40-60 per cent drop-out rate by follow-up. The programs that used dropouts as control groups, also found that the control group did not change as much as the men who completed treatment. They also found that dropouts are very transient and as a consequence, it is difficult to maintain contact with these men after treatment. The message here is that it is important to keep this high rate of attrition in mind if one is planning treatment groups or research projects with these clientele. It is also an issue that demands attention. Strategies for minimizing drop-out rates for motivating men to complete treatment should be developed.

Recidivism Rate. This issue has a tremendous range of interpretation in these studies. For those studies that examined only court-mandated men, it is defined as re-arrest or conviction and is one of the more objective, although conservative evaluation outcome measures. Recidivism however, appears to be uniquely defined in each study. Attempts to compare rates became impossible. Definitions of violence, source(s) of information, and reporting time varied for each study. Yet recidivism really needs to be identified as the bottom line in evaluating these programs. At this stage it may be most productive to see how these studies defined recidivism. The range of definitions used underlines the necessity to achieve some uniformity in measurement. No trend in this direction seems evident.

The following is a summary of recidivism rates as defined by each study (as numbered previously):

1. Nine men in sample. 78 per cent physically nonviolent after 21 weeks based on self-reports.

2. Violence levels not reported.

3. Based on self-reports, 8/9 program completers eliminated violent behaviour for 2 years.

4. This study compared conviction rates for treatment and no treatment control. Based on police reports, the treatment group maintained its same rate of recidivism over time (4 per cent) while the no treatment group reported 16 per cent abuse at 6 months and it jumped to 40 per cent at 2 1/2 years.

5. According to police reports, 87 per cent of program completers were successful in stopping physical abuse vs. 71 per cent of noncompleters.

6. Partners reported a 70 per cent success rate at 14 month follow-up.

7. Forty percent of the men reported being "not directly aggressive" after 4 years.

8. Combining self, police and partner reports, the evaluation reported a 72 per cent success rate in eliminating physical abuse at one year.

9. Both participants and nonparticipants had similar levels of violence but participants had a greater repertoire of strategies for stopping abuse one year post treatment.

10. Partners reported 64 per cent no-violence rate at 5-9 month follow-up compared to 54 per cent for noncompleters.

11. At 9 month follow-up, partners reported 34 per cent still experiencing physical abuse.

12. Partner reports of violence were compared for treatment completers (41 per cent) and noncompleters (49 per cent). Although the rate of violence was lower for treatment completers, this difference between the two groups was not significant.

13. No measure of violence done.

14. Based on 80 partner reports and 12 self-reports, the following success rates were reported for treatment modalities stopping abuse at 6 month follow-up: 68 per cent for education model; 46 per cent for self-help model; and 66 per cent for combination model.

15. Based on 64 partner reports and 6 self-reports, the following success rates were reported for stopping abuse at the 18 month follow-up: 64 per cent for education model; 79 per cent for self help model; and 62 per cent for combination model.

16. Both partner and self-reports showed a decrease in all levels of violence from the start of treatment to the 3 month follow-up.

2.2.3 Client Characteristics

Although a wide variety of demographic data was gathered in each study, what each study was hoping to do was identify factors predictive of noncompletion of treatment, or re-offending behaviour.

Noncompleters. Ten studies (2, 5, 6, 8, 9, 10, 12, 14, 15, 16) examined the demographic characteristics of noncompleters to see if significant differences could be found. Two studies (12, 14) found no significant differences in demographic data contributing to program dropouts. In most cases, the differences found were predictable but, in any case, it is helpful to be cognizant of issues that may precipitate higher completion rates. Raising these issues should also encourage giving greater emphasis to identifying those men who may need more attention during assessment to maintain their program involvement. The following categories were viewed as contributing to program completion:

1. Older (9)
2. More educated (2, 10)
3. Employed (2, 8)
4. White collar (9)
5. With a partner (2)
6. Ethnicity:
   a) Caucasian (6)
   b) Black (6)
7. No history of mental health treatment (15)
8. Involved with the courts at intake (15)
9. Cohabitation (16)
10. Absence of a criminal record (5, 16)
11. Not court-mandated (16)

As you can see, no one variable was confirmed by more than two studies. What these results indicate is that caution should be used in associating any of these factors with program completion. Without more consistency in reporting of these variables as significant, it may be situational, rather than these demographic variables that are contributing to the differences.

Re-offending Behaviour. This list is much shorter, and again not reliable in predicting outcomes, due to the limited numbers of studies that addressed this issue. Four studies (5, 6, 12, 13) looked at re-offending behaviour as possibly influenced by client characteristics and found the following variables contributed to re-offending behaviour. Prior changes or arrest was found by 3 of the 4 studies that examined re-offending behaviour as a key factor. The other characteristics were documented by only one study.

1. Prior charges or arrest (5, 6, 13)
2. History of chemical dependency (12)
3. History of mental health treatment (12)
4. Length of time since sentencing (13)
5. To have appeared before both civil and criminal courts (6).

Half of the above variables are linked to criminal justice involvement and raise the additional question that is often discussed in the field but not answered, i.e., whether court-mandated men do as well in treatment as "voluntary" clientele.

Less than one-half of the studies in this report are even able to comment on this. Five studies used only "voluntary" clients and four studies only court-mandated men. Seven studies used a mixture of both. The consensus thus far in

the literature is that referral source does not affect outcome, because in effect every man in treatment is mandated to be there, if not legally, then by his partner. What the above list of re-offender characteristics does suggest however, is that involvement with the criminal justice system is one factor, among others, that puts a man at higher risk of re-offending. Thus it is not the referral source per se, but the amount of previous deviant behaviour in the man's history that decreases his potential for success.

Before commenting on what was found regarding client characteristics, there are several issues that were only mentioned in a few studies but are worthy of note for future evaluations.

The most glaring omission is the issue of addictions. Few studies even asked about this and only one study (Meredith and Burns) differentiated alcohol and drug problems. This may reflect an American/Canadian difference. The five American studies (10, 11, 12, 14, 15) that inquire about addictions seem to lump them under the label "chemical dependencies". In the Canadian study, where alcohol and drug abuse were separated, many more men admitted to alcohol abuse than drug abuse. It can only be hypothesized that more men in United States programs have drug or dual addictions.

Meredith and Burns were also alone in asking men if there was a **current** problem with alcohol or drugs. The other studies assumed the men in treatment had been screened and that addictions had been treated. This raises several concerns. First of all, 25-50 per cent of the men who were asked, admitted to a history of chemical dependency. It seems safe to assume that many of these men would still need support around their addictions. Secondly, given what we know about men underreporting their level of violence, the same could be true about their drug and alcohol problems. Men could also be too quick to feel they are "cured," as is often the case with assessing their problem with battering. Although we only have data from one study (16) about **current** levels of addiction, the numbers are high enough to warrant its consideration in future programming. Meredith and Burns found that 14 per cent of men in treatment still had a problem with alcohol and 4 per cent still admitted to problems with drugs.

Although nothing has been published on this as yet, Ed Gondolf, in a telephone interview, identified this as an evolving area of focus in the United States. Several programs in the States are now offering treatment for men who batter who are also addicted to drugs and/or alcohol. They are finding this a useful focus, given that battering is often defined as an addictive behaviour.

Since 1988, several other issues have been added to the list of client characteristics that may contribute to violent vehaviour. Six studies (10, 11, 12,

14, 15, 16) inquired about past history of mental health treatment, but only one (12) found any significant correlation to re-offending behaviour.

History of observing or experiencing abuse as a child is another factor that historically has been linked to violent behaviour (for men) or victimization (for women). Five studies (10, 11, 12, 14, 15) inquired about this, but no correlations were found.

These factors are important issues to assess with clients in future research. Since many in the field assume a history of mental health and/or growing up in a violent home would predispose a man to be violent, it is important to validate these assumptions. Preliminary findings in this report raise questions about the legitimacy of these assumptions.

2.2.4 Partner Issues

It is ultimately hoped that men who successfully complete treatment will eliminate all forms of violence from their current relationship and any that follow. The results in these studies however, give little hope for this ultimate goal. The good news is that in many cases, the physical abuse terminates after treatment. Although, for some, even this is not true. Edleson and Grusznski in their two studies documented that 34 per cent in the first study and 41 per cent in the second study had not terminated physical violence at follow-up.

Many women stay with their partners with the expectation that if he gets treatment the violence will end. Gondolf documented that this was simply not the case. In his study, men who did not attend treatment had similar rates of violence to those who did. Gondolf also showed that men will accept their need for better coping skills, such as anger management, but do not identify changes in their belief systems as necessary. So, even though the treatment program was stressing women's equality, sex-role issues, and a societal context of abuse, men did not mention factors related to these when discussing ways they could handle potentially abusive situations in the future. It was hoped that mention of gaining greater respect for women, or of the willingness to share power at home, would be forthcoming, but these types of answers were not given. This failure of men in treatment to change not "the person" but only some behaviour, was also documented in the two studies that examined psychological variables.

Hence, the studies as a whole do seem consistent in their reporting of a decrease in physical abuse, although the same cannot be said for psychological abuse. For instance, Shepard reports that 60 per cent of the partners in her study were still psychologically abused (threats, intimidation, isolation from others,

degradation, humiliation, forced compliance with partner's wishes) at the 14 month follow-up. Edleson and Syer also stated that an overwhelming majority of women reported threats still being used at follow-ups of 6 and 18 months.

Yet, in spite of this discouraging news, women persist in reporting overall satisfaction with treatment programs. Meredith and Burns reported that women consistently reported feeling safer with their partner in treatment and, if anything, this confidence increased by the 3 month follow-up. In their study, women chose to remain in their relationship (or return to it) because their partner was in treatment in approximately one-half the cases. Although programs claim to tell partners that treatment will most likely not end the violence, it seems women still want to believe this will happen. It could be that the change that does happen during the course of treatment is enough encouragement for her to feel things will be better.

In addition to the issue of safety, in the Tolman, Beeman and Mendoza study, women stated that their partner's program participation helped them feel more comfortable in expressing their own anger (but not other types of emotion); decreased their fear of their partner (but did not increase their closeness to them); and increased their sense of power in the relationship (although the men's participation in household tasks did not change).

Leong, Coates and Hoskins found that after treatment was completed, women did not call the police when abuse happened. They also found that although women chose to stay with their partner, 7 of 16 (almost half) expected the batterer to be arrested in the future. In this same study, women said they would not have initiated contact with a women's group or a shelter on their own but they would attend counselling if it were made available. Meredith and Burns also found that if men are in treatment, women also attend women support groups, but when the man's treatment is terminated, so does hers.

These discouraging findings have important implications for practice. First of all, battered women still maintain very low expectations from their relationships with their male partners. Women need outreach and continued support. Men's treatment programs often do not see this as their role but should re-examine this assumption and look at avenues for ensuring support services for the partner. This could be of benefit to treatment programs. Gondolf identified what he calls the "woman factor". That is, the factor that seems most effective in motivating men to participate in treatment is the encouragement of their partners. In his study, 50 per cent of the men either heard of the program, or agreed to participate, because of their partners. By reaching out more to women, treatment programs will also be extending a hand to additional men who need treatment, or ensuring that more of these men are motivated to stay in treatment.

3.0 CONCLUSION

This literature review has attempted to provide an overview of existing outcome evaluations on programs for abusive men. It is evident that relatively few evaluations have been done to date. However, the numbers and level of sophistication of these studies is increasing.

Some of the methodological shortcomings discussed in Chapter II were more prevalent than others among the studies examined for this report. In comparison to previous overviews of the literature, the findings of the present report reveal the following similarities and differences:

- **Attrition Rate.** In the studies examined here, the attrition rate was actually higher than previously reported. In the past, an attrition rate of 33 per cent was stated as the norm. However, in the present report it averaged closer to 50 per cent (at follow-up).

- **Control Group.** Previous comparative papers have lamented the absence of comparison groups used in evaluations. In this report, 5 of the 16 studies used noncompleters as a comparison group for the men who completed treatment. In addition, 3 of 16 studies used a "no treatment" group that was taken from either police records (2 studies) or from men who made phone contact only (1 study). This use of controls in 50 per cent of these studies is higher than previously reported.

- **Breadth of Measures.** Most of the studies reviewed here (14 of 16) focussed on the impact of treatment programs on the clients' levels of violence over time. Earlier evaluations focussed solely on physical abuse. More recent studies included a wider definition of abuse (physical as well as psychological, verbal and sexual abuse) and other important related variables such as the partner's feelings of safety, her assessment of the man's behaviour, and her own involvement with support services. The fact that most studies relied on the Conflict Tactics Scale, or some modified version of it, has served to limit the breadth of the outcome assessment. Other reliable instruments that take into consideration a broader view of success have yet to be successfully tested, although two studies did attempt to do this.

  Court or police files provided information in four studies. Two studies measured psychological changes. In these two studies, a much wider spectrum of instruments was used.

- **Length of Follow-Up.** As reported earlier, follow-ups are not always done, and if so, are often done on a short term basis. The studies reviewed here were no exception. Less than one-half (7 of 16) did any form of follow-up and those that did ranged in length from 3 months to 4 years.

- **Follow-up Response Rate.** Here findings were consistent with past evaluations. Like previous studies, success rates were low (25-50 per cent) for maintaining contact with program participants.

- **Access to Victims.** Access to victims, as reported previously, has been given little attention in past evaluations. Of the studies reviewed here only one (Meredith and Burns) accounted for the "separation effect" which recognized that lack of accessibility and partner contact may in fact be the factors that have contributed to the man's decrease in violence.

- **Victim Corroboration.** Other reviews have criticized past evaluations for relying solely on men's self-reports for data. Some of the earlier studies in this review did this as well. Overall, 10 of 16 studies relied on partner interviews for corroboration. There has been a consistent and positive trend to include partner interviews in all recent evaluations.

- **Police Data.** Concerns have previously been raised about relying on police charging data as a measure of recidivism. Among the studies reviewed here, however, only one did this exclusively. In three other studies, police reports were used in addition to other corroborative data.

Several other findings in the studies reviewed for this report were surprising and have implications for practitioners and policymakers alike. Specifically:

- Time frames are less important than previously believed. Although in the past it was assumed that the longer the treatment, the greater the chance for success, this did not prove accurate in several studies. As well, concerns raised about the need for longer follow-ups were somewhat quieted by results that indicated that abuse did not seem to increase as time following treatment increased.

- It has been assumed in the past that a client profile could be identified that would predict a greater chance of success. This has not proved to be the case. Only one variable, prior charges or arrest, revealed any consistent ability across studies to predict re-offending behaviour.

- Court-mandated clients appear to do as well as voluntary clients in treatment. There is no evidence to suggest the need for special treatment, other than concern that their drop out rate is as high as voluntary clients.

- Women partners appear to be satisfied with a very limited change in the man's behaviour. It is discouraging, that as a result of treatment programs, women are staying in these relationships which seem only marginally improved in many cases. Greater focus on services for the partners and stronger links with women's programs, are two avenues that should be basic components of men's treatment groups.

It was hoped that the combined results of these evaluations would paint a more encouraging picture than they do. As things stand, it seems clear that these programs reach only a small percentage of abusive men. Of those men who do begin treatment, about 50 per cent drop out. Of those who complete treatment, it is encouraging that about two-thirds remain physically nonviolent, at least for the brief follow-up periods typical of these studies. The programs are less successful in terminating other forms of abuse, however. Of those men who complete treatment, only about one in three are also psychologically nonabusive at follow-up.

At this stage, it is far from clear which factors in the treatment group process are productive and which are not. What is clear is that these programs create change for some men. Yet, they can do this for only a limited number of men who are abusive with their partners. As a consequence, these programs have a viable but limited role in the more complex matter of dealing with abusive men in our society. However, the existing data on the effectiveness of these programs do not appear to justify their use to the exclusion of other types of intervention. Perhaps the most worrisome example of this is the use of treatment as a diversion from prosecution. Given the poor completion rates for the treatments themselves, and the limited success of these treatments among those men who do complete them, it seems ill-advised to place so much reliance on these interventions.

Currently success is not uniformly defined, yet there is a progression toward a broader understanding of abusive relationships and the effects of all forms of violence on the women and children involved. It is anticipated that future evaluations will look at a much more varied number of intervening variables that may have a significant impact on decreasing levels of violence. It is hoped that interventions will be viewed more globally and that assessments will take on a multi-level approach expanding the research beyond individual dynamics to examine familial and institutional responses as well. For instance, a decrease in abuse may be related to the treatment program, police intervention, partner separation, or peer pressure.

Evaluations to date have failed to account for outside variables or to consider the usefulness of providing multilayered intervention. To provide this would mean building considerably on services available to date. Yet, it seems imperative that steps be taken in this direction.

Programs in the United States have moved in this direction and preliminary indications of the success of such programs in Minneapolis and Duluth are encouraging but are as yet unsubstantiated. In Canada, a foundation for developing a multi-level intervention system needs to be developed. Once the key factors are identified, a system of interlocking pieces could be developed to provide a more comprehensive and effective response to battering than can be provided at present by male treatment programs alone.

Proposed Research Agenda

We want to begin this section by excluding from our proposed research agenda one often-recommended approach to effectiveness evaluation. The approach we reject is that of creating a true no-treatment comparison group through random assignment. While we recognize the virtues of this approach in terms of research design, for both practical and ethical reasons (having to do with the safety of the women involved) we do not believe that such an evaluation design would be feasible. This is not to say that there is no potential role for random assignment in this research field. In fact, one of the studies described in Chapter II of this report made very effective use of random assignment to compare combinations of treatment modalities and durations.

Building on evaluations done to date, our proposed approach to achieving a better understanding of what works in batterers' treatment is to exploit existing variations across programs to identify client, program and external/community factors associated with treatment outcomes. By maintaining uniform instruments and time frames, and extending our analysis to include external variables, we hope to address the weaknesses identified in previous studies.

The fundamental elements of our research design would be pre-treatment, post-treatment and six-month follow-up assessments of both physical and psychological abuse levels. These data would be obtained from both treatment clients and their partners. The partners' data would report only the men's levels of abuse in order to corroborate these data provided by the men. Close track would also be kept of the extent to which the men completed their treatment programs, as well as of any contact with related services (e.g., police, probation, shelters, other counselling services) on the parts of either the treatment clients or their partners.

Briefly, we see this research program as comprising four distinct stages.

Stage 1 - Identify existing programs. We understand that a comprehensive list of approximately 100 treatment programs in Canada was compiled in 1990 for Health and Welfare. It would be efficient to examine this list to see which programs and other variables were gathered in this process.

Stage 2 - Contact programs. The primary objective of this activity would be to compile descriptive data on the programs, their clients and the communities in which they operate. A secondary aim would be to explore their potential willingness to participate in any future research program.

Stage 3 - Screen programs. This stage would begin by establishing a set of criteria for inclusion of individual programs in the research program. Potential criteria should include the apparent stability of the program (will it be in operation next year?), its volume of clients (sufficiently large to supply a usable amount of client data), its links with related services in the community, and its interest in research.

Once a list of programs has been developed, the next step would be to make a formal approach to each program (or its Board) outlining the research plan. This approach should provide sufficiently detailed information for the program to understand what would be expected from it, as well as what financial and other support would be forthcoming from the central study team. Our experience with the Ontario evaluation showed us that the best approach to data collection is to hire students to do this work, rather than expecting program staff to do it (even if they are being paid for it). Consenting programs should be required to sign a relatively formal agreement outlining their responsibilities, with schedules of work and payments clearly expressed.

Stage 4 - Data collation and analysis. Data on programs and the communities in which they operate would be supplied to the central research team following contract signing. Pre, post and follow-up data on individual clients and their partners (for corroborative purposes) would be sent by the programs to the central research team for collation and analysis. Once the dataset reaches an analyzable size, it will be possible to sketch out program, client and community characteristics predictive of treatment success.

Resource requirements. Implementation of the research design sketched out above will be a major undertaking. The principal cost elements will include:

- Travel and long-distance telephone costs to recruit and maintain regular contact with participating programs over the study period. Our experience with the Ontario evaluation demonstrated to us the importance of such contact.

- Payments to the programs for the costs of data collection. Payments should also be considered to the partners of treatment clients for their time. Our experience with the Ontario study leads us to recommend the hiring, through each program, of a part-time research assistant to be responsible for collecting and submitting the data to the central research team.

- Maintenance of a central research function to liaise with the participating programs in order to achieve the highest possible degree of uniformity across programs in their data collection practises. The central team would also be responsible for collating these data from each program into a single file for analysis, and for performing and reporting the results of these analyses.

BIBLIOGRAPHY

Adams, D. (1988) "Counselling men who batter: A profeminist analysis of five treatment models", in Bograd, M. & Yllo, K. (eds.), *Feminist Perspective on Wife Abuse*, Beverly Hills, CA: Sage Publications.

Adams, D. (1988) "Feminist-Based intervention for battering men", in Caesar, L., Hamberger, K. (eds.), *Therapeutic Interventions with Batterers: Theory and Practice*, New York: Springer.

Bersani, C., Chen, H. J., Denton, R. (1988) "Spouse abuser and court-mandated treatment" *Crime and Justice*, XI, No. 1, 43-59.

Bersani, C., Chen, H. T., Pendleton, B. F., Denton, R. (1989) "Personality traits of convicted battering males", paper presented at the Midwest Criminal Justice Meetings, Chicago.

Brygger, M. P., Edleson, J. L. (1987) "The domestic abuse project: A multisystems intervention in women battering", *Journal of Interpersonal Violence*, 2, 324-326.

Canada. (1988) *Canadian Treatment Programs for Men who Batter*, Health and Welfare Canada.

Chen, H. T., Bersani, C., Myers, S. C., Denton, R. (1989) "Evaluating the effectiveness of a court-sponsored abuser treatment program", *Journal of Family Violence*, 4 (4), 309-322. ***

Chen, H. T., Rossi, H. T., (1983) "Evaluating with sense: The theory-driven approach", *Evaluation Review*, 7 (3), 283-302.

Coates, C. J., Leong, D. J., Lindsey, M. (1987) "Personality differences among batterers voluntarily seeking treatment and those ordered to treatment by the courts", paper presented at the Third National Family Violence Research Conference, Durham, New Hampshire.

Currie, David. (1988) *The Abusive Husband: An Approach to Intervention*, Health and Welfare Canada.

Dekeseredy, W. S. (1989) "Male peer support and woman abuse: The current state of knowledge", paper presented at the Annual Meeting of the Ontario Sociology and Anthropology Association, Guelph, Ontario.

DeMaris, A., Jackson, J. K. (1987) "Batterer's reports of recidivism after counselling", *Social Casework: The Journal of Contemporary Social Work*, 68 (8), 458-465.

Deschner, J. P., McNeil, J. S. (1986) "Results of anger control training for battering couples", *Journal of Family Violence*, 1 (2) 111-120. ***

Desmond, E., Doxtator, P. (1989) *The Effects of Formal Legal and Informal, Traditional "Law Ways" on Women: A Field Experimental Study*, proposal submitted to the Canadian Bar Association.

Dobash, R., Dobash, R. (1979) *Violence Against Wives*, (The Free Press, New York).

Douglas, M. A., Perrin, S. (1987) "Follow-up Evaluation for Treatment of Court-Ordered Male Batterers", paper presented at the third National Conference on Family Violence. (article is now entitled Recidivism and Accuracy of Self-Reported Violence and Arrest in Court-Ordered to Treatment Batterers)

Dutton, D. G. (1986) "The Outcome of court-mandated treatment for wife assault: A quasi-experimental evaluation", *Violence and Victims*, Vol. 1, No. 3, 163-175. ***

Edleson, J. L. (1985) "Violence is the issue: A critique of Neidig's assumptions", *Victimology*, 9, 483-89.

Edleson, J. L. (forthcoming) "Coordinated community responses" in M. Steinman (ed.) *Redefining Crime: Responses to Spouse Abuse*, Anderson Press.

Edleson, J. L., Brygger, M. P. (1986) "Gender differences in reporting of battering incidences", *Family Relations*, 35, 377-382.

Edleson, J. L., Eisikovits, Z., Guttmann, E. (1985), "Men who batter women: A critical review of the evidence", *Journal of Family Issues*, Vol. 6, No. 2, 229-247.

Edleson, J. L., Gruszinski, R. J. (1988) "Treating men who batter: Four years of outcome data from domestic abuse project", *Journal of Social Service Research*, Vol. 12, No. 1-2, 3-22.

Edleson, J. L., Miller, D. M., Stone, G. W., Chapman, D. G. (1985) "Group treatment for men who batter" *Social Work Research Abstract*, 21, 18-21.***

Edleson, J. L., Syers, M., Brygger, M. P. (1987) *Comparative effectiveness of group treatment for men who batter: A midpoint progress report*, a paper presented at the Third National Conference on Family Violence. University of New Hampshire. Durham. July.

Edleson, J. L. "Should Social Work Groups Be Homogeneous?" *Social Work with Groups* (1999) Vol. 22(3), pp. 3-18. group treatments for men

Edleson, J. L., Syers, M. (1990) "The relative long-term effects of group treatment for men who batter", a report of the *Minneapolis Domestic Abuse Project*.***

Eisikovits, Z., Edleson, J. (1989) "Intervening with men who batter: A critical review of the literature", *Social Service Review*, 37:3, 385-414.

Fagan, J. (1988) "Contributions of family violence research to criminal justice policy on wife assault: Paradigms of science and social control", *Violence and Victims*, Vol. 3, No. 3, 159-186.

Feazell, C. S., Mayers, R. S., Deschner, J. (1984) "Services for men who batter: Implications for programs and policies", *Family Relations*, Vol. 33, 217-223.

Geffner, R., Pagelow, M. D. (forthcoming) "Mediation and child custody issues in abusive relationships", *Behavioural Science and the Law*.

Gelles, R. (1983) "Toward a theory of intra-familial violence: An exchange/social control theory", in D. Finkelhor, R. Gelles, G. Hotaling, & M. Straus (eds.), *The Dark Side of Families: Current Family Violence Research*, California: Sage.

Gondolf, E. (1987) "Seeing through smoke and mirrors: A guide to batterer program evaluation", *Response*, Vol. 10, No. 3, 16-19.

Gondolf, E. (1987) "Evaluating programs for men who batter: Problems and prospects" *Journal of Family Violence*, Vol. 2, No. 1, 95-108.

Gondolf, E. (1988) "The effects of batterer counselling on shelter outcome", *Journal of Interpersonal Violence*, Vol. 3, No. 3, 275-289.

Gondolf, E. (1988) *Research on Men Who Batter: an Overview Bibliography and Resource Guide*, Human Service Institute Press.

Gondolf, E. W. (1988b) "How some men stop their abuse: An exploratory program evaluation", in G. Hotaling, D. Finkelhor, J. Kirkpatrick, M. A. Straus (eds.), *Coping with Family Violence: Research and Policy Perspectives*, Newbury Parks, CA: Sage. ***

Gondolf, E. (forthcoming) "A victim-based assessment of court-mandated counselling for batterers", *Criminal Justice Review*.

Gondolf, E. W., Hanneken, J. (1987) "The gender warriors: Reformed batterers on abuse, treatment, and change", *Journal of Family Violence*, Vol. 2, No. 2, 177-191.

Gondolf, E. W., McFerron, J. R. (1989) "Handling battering men: Police action in wife abuse cases", *Criminal Justice and Behaviour*, Vol. 16, No. 4, 429-439.

Gondolf, E. W., Russell, D. (1986) "The case against anger control treatment programs for batterers", *Response*, 9 (3), 2-3, Health and Welfare Canada.***

Grusznski, R. J., Carrillo, T. P. (1988) "Who completes batterer's treatment groups? An empirical investigation" *Journal of Family Violence*, 3, 141-150.

Hamberger, K., Hastings, J. E. (1986) "Personality correlates of men who abuse their partners: A cross-validation study", *Journal of Family Violence*, Vol. 1, No. 4, 323-341.

Hamberger, K., Hastings, J. E. (1988) "Skills training for treatment of spouse abusers: An outcome study", *Journal of Family Violence*, Vol. 3, No. 2, 121-131. ***

Hamberger, K., Hastings, J. E. (1989) "Counselling male spouse abusers: Characteristics of treatment completers and dropouts", *Violence and Victims*, Vol. 4, No. 4.

Hamberger, K., Hastings, J. E. (1990) "Different routes to mandated spouse abuser counselling II : A cross validation study", paper presented at the meeting of the American Society of Criminology, Baltimore, Maryland.

Hamberger, K., Hastings, J. E. (1990) "Recidivism following spouse abuse abatement counselling: Treatment program implications", *Violence and Victims*, Vol. 5, No. 3.

Johnson, H. (1989) "Wife Assault in Canada", paper presented at the American Society of Criminology Meeting in Reno Nevada.

Leong, D., Coates, C. (1987) "Follow-up of batterers treated in a court-ordered treatment program", paper presented at the Third National Family Violence Conference, University of New Hampshire. ***

Lindquist, C. U., Telch, C. F., Taylor, J. (1983) "Evaluation of a conjugal violence treatment program: A pilot study", *Behavioural Counselling and Community Interventions*, Vol. 3, No. 1, 76-90. ***

MacLeod, L. (1980) *Wife Battering in Canada: The Vicious Circle*, the Canadian Advisory Council on the Status of Women.

MacLeod, L. (1987) *Battered But Not Beaten*, the Canadian Advisory Council on the Status of Women.

MacLeod, L. (1989) "Wife abuse: Discussion paper", 1989 National Forum on Family Violence, Ottawa.

Meredith, C., Burns, N. (1990) *Evaluation of Batterer's Treatment Programs*, Abt Associates of Canada. ***

Neidig, P. H. (1984) "Women's shelters, men's collectives, and other factors in the field of spouse abuse", *Victimology*, 9, 464-476.

Neidig, P. H. (1986) "The development and evaluation of spouse abuse treatment program in a military setting", *Evaluation and Program Planning*, 9, 275-80. ***

Neidig, P. H., Friedman, D. H., Collins, B. S. (1986) "Attitudinal Characteristics of males who have engaged in spouse abuse" *Journal of Family Violence*, Vol. 1, No. 3, 223-233.

Parker, J. C., Saunders, D. G. (submitted for publication 1989) "Treatment follow-through in groups for men who batter: The role of demographic and background factors".

Pirog-Good, M. A., Stets, J. (1986) "Program for abusers: Who drops out and what can be done", *Response*, Vol. 9, No. 2, 17-19.

Poynter, T. L. (1989) "An evaluation of group programme for male perpetrators of domestic violence", *Australian Journal of Sex, Marriage, & Family*, 10 (3), 133-142.

Quebec. (1989) *Les programmes quebecois d'aide aux conjoints violents: rapport sur les seize organismes existants au Quebec*, Planification-valuation, Sant Services Sociaux (Rapport Rondeau).

Rosenbaum, A. (1986) "Group treatment of wife abusers: Process and outcomes". *Psychotherapy* 23: 607-612.

Rosenbaum, A. (1988) "Methodological issues in marital violence research", *Journal of Family Violence*, Vol. 3, No. 2, 91-105.

Saunders, D. S. (1988) "Issues in conducting treatment research with men who batter", in G. Hotaling, D. Finkelhor, J. Kirkpatrick, M. A. Straus (eds.), *Coping with Family Violence: Research and Policy Perspectives*, Newbury Parks, CA: Sage.

Saunders, D. G. (1989) "Treatment programs for family violence", in L. Ohlin & M. Tonry (eds.), *Crime and Justice-- A Review of the Research on Family Violence*. Chicago: University of Chicago press.

Saunders, D. G. (forthcoming) "What do we know about abuser recidivism: A critique of "Recidivism In Program for Abusers", *Victimology an International Journal*.

Saunders, D. G. (submitted for publication, Oct.9/1990) *A Typology of Men Who Batter Women: Three Types Derived From Cluster Analysis*, Department of Psychiatry, University of Wisconsin-Madison.

Saunders, D. G., Dutton, D., Azar, S. (1989) "Treatment for abusive parents and husbands: Do we know what works?", in L. Ohlin and M. H. Tonry (eds.), *Crime and Justice--A Review of the Research on Family Violence*. Chicago: University of Chicago Press.

Saunders, D. G., Hanusa, D. (1986) "Cognitive-behavioural treatment for men who batter: The short-term effects of group therapy", *Journal of Family Violence*, 1, 357-372. ***

Saunders, D. G., Parker, J. C. (1989) "Legal sanctions and treatment follow-through among men who batter: A multivariate analysis" *Social Work Research and Abstracts*, 25(3), 21-29.

Shepard, M. (1987) "Interventions with men who batter: An evaluation of a domestic abuse program", paper presented at the Third National Conference on Family Violence. University of New Hampshire. Durham. July. ***

Sinclair, B. (1985) *Understanding Wife Assault*, Ontario Ministry of Community Social Services.

Stacey, W. A., Shupe, A. (1984) *The Family Secret: Family Violence in America*, Boston: Beacon.

Tolman, R., Beeman, M. S., Mendoza. (1987) "The Effectiveness of shelter-based structured group intervention for men who batter", paper presented at the Third National Conference on Family Violence. University of New Hampshire. Durham. July. ***

Tolman, R. M., Bennett, L. W. (1990) "A review of quantitative research on men who batter", *Journal of Interpersonal Violence*, Vol. 5, No. 1, 87-118.

Whitchurch, G. G. (1989) *On the Need for Dialogue Between Communication and Family Violence Researchers and Practitioners*, paper presented at the Responses to Family Violence Conference at Purdue University.